

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Filing at a Glance

Company: Humana Health Plan Inc.
Product Name: HHP Small Group Medical Rate Filing_2014.01
State: Colorado
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004E Small Group Only - Other
Filing Type: Rate
Date Submitted: 05/15/2013
SERFF Tr Num: HUMA-128990602
SERFF Status: Closed-Filed
State Tr Num: 278120
State Status: Filed
Co Tr Num:

Implementation: 01/01/2014
Date Requested:
Author(s): Velda Dees, Jason Hill, Jason Hill
Reviewer(s): Cathy Gilliland (primary), Nichole Boggess, Michael Muldoon, Amy Filler, Rachel Plummer
Disposition Date: 08/12/2013
Disposition Status: Filed
Implementation Date: 01/01/2014

State Filing Description:

SERFF Binder #: HUMA-CO14-125001471; state codes 701-645

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
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General Information

Project Name: HHP Small Group Medical Rate Filing_2014.01 Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 08/12/2013
State Status Changed: 08/12/2013 Deemer Date:
Created By: Jason Hill Submitted By: Jason Hill
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

Provide New Medical/Rx Plans
Provide Medical/Rx Area Factors
Provide Network Factors

State Narrative:

State Tracking #278120 Company: Humana Health Plan Product Line: Small Group HMO Rate Change Summary
Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014 This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA). Off Exchange Only Plans Platinum: 0 Gold: 24 Silver: 75 Bronze: 21

Company and Contact

Filing Contact Information

Jason Hill, Actuarial Analyst jhill11@humana.com
1100 Employers Blvd. 920-337-5488 [Phone]
Green Bay, WI 54344

Filing Company Information

Humana Health Plan Inc.	CoCode: 95885	State of Domicile: Kentucky
321 West Main Street	Group Code: 119	Company Type: HMO
Louisville, KY 40202	Group Name:	State ID Number: CO
(800) 558-4444 ext. [Phone]	FEIN Number: 61-1013183	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Colorado **Filing Company:** Humana Health Plan Inc.
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State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.

Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 701, 644, 645

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: YES

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: YES

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/12/2013	08/12/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Cathy Gilliland	07/30/2013	07/30/2013
Pending Industry Response	Michael Muldoon	07/05/2013	07/05/2013
Pending Industry Response	Rachel Plummer	07/05/2013	07/05/2013
Pending Industry Response	Cathy Gilliland	06/26/2013	06/26/2013
Pending Industry Response	Cathy Gilliland	06/19/2013	06/19/2013
Pending Industry Response	Rachel Plummer	06/14/2013	06/14/2013
Pending Industry Response	Rachel Plummer	06/10/2013	06/10/2013

Response Letters

Responded By	Created On	Date Submitted
Jason Hill	07/31/2013	07/31/2013
Jason Hill	07/10/2013	07/15/2013
Jason Hill	07/10/2013	07/10/2013
Jason Hill	06/28/2013	06/28/2013
Jason Hill	06/19/2013	06/19/2013
Jason Hill	06/19/2013	06/19/2013
Jason Hill	06/11/2013	06/11/2013

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company: Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Cathy Gilliland	05/28/2013	05/28/2013
Pending Industry Response	Cathy Gilliland	05/22/2013	05/22/2013

Response Letters

Responded By	Created On	Date Submitted
Jason Hill	06/03/2013	06/03/2013
Jason Hill	06/03/2013	06/03/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	SB Rating Manual 2014.01_HHP	Jason Hill	08/06/2013	08/06/2013
Supporting Document	Actuarial Memorandum and Certifications	Jason Hill	08/06/2013	08/06/2013
Supporting Document	Unified Rate Review Template	Jason Hill	08/06/2013	08/06/2013
Supporting Document	Cover Letter	Jason Hill	08/06/2013	08/06/2013
Supporting Document	Colorado Specific Actuarial Memorandum	Jason Hill	08/06/2013	08/06/2013
Supporting Document	Rating Sample	Jason Hill	08/06/2013	08/06/2013
Rate	SB Rating Manual 2014.01_HHP	Jason Hill	07/31/2013	07/31/2013
Supporting Document	Actuarial Memorandum and Certifications	Jason Hill	07/31/2013	07/31/2013
Supporting Document	Unified Rate Review Template	Jason Hill	07/31/2013	07/31/2013

State:	Colorado	Filing Company:	Humana Health Plan Inc.
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Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	SB Rating Manual 2014.01_HHP	Jason Hill	07/30/2013	07/30/2013
Supporting Document	Colorado Specific Actuarial Memorandum	Jason Hill	07/30/2013	07/30/2013
Rate	SB Rating Manual 2014.01_HHP	Jason Hill	07/22/2013	07/23/2013
Supporting Document	HR-1 Form (H)	Jason Hill	07/22/2013	07/23/2013
Supporting Document	Colorado Specific Actuarial Memorandum	Jason Hill	07/22/2013	07/23/2013
Supporting Document	Rating Sample	Jason Hill	07/22/2013	07/23/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Final CO HHP Letter	Note To Reviewer	Jason Hill	07/31/2013	07/31/2013
meeting with the Division on Insurance	Note To Filer	Cathy Gilliland	07/30/2013	07/30/2013
URRT	Note To Filer	Cathy Gilliland	05/23/2013	05/23/2013

SERFF Tracking #:	<i>HUMA-128990602</i>	State Tracking #:	<i>278120</i>	Company Tracking #:	
State:	<i>Colorado</i>	Filing Company:	<i>Humana Health Plan Inc.</i>		
TOI/Sub-TOI:	<i>HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other</i>				
Product Name:	<i>HHP Small Group Medical Rate Filing_2014.01</i>				
Project Name/Number:	<i>HHP Small Group Medical Rate Filing_2014.01/</i>				

Disposition

Disposition Date: 08/12/2013

Implementation Date: 01/01/2014

Status: Filed

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment: State Tracking #278120

Company: Humana Health Plan

Product Line: Small Group HMO

Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

Off Exchange Only Plans

Platinum: 0

Gold: 24

Silver: 75

Bronze: 21

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

See attached document for more information on this filing.

Company	Company	Overall %	Overall %	Written	# of Policy	Written	Maximum %	Minimum %
Name:	Rate	Indicated	Rate	Premium	Holders Affected	Premium for	Change	Change
	Change:	Change:	Impact:	Change for	for this Program:	this Program:	(where req'd):	(where req'd):
				this Program:				

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Humana Health Plan Inc.	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
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Percent Change Approved:

Minimum: 0.000%

Maximum: 0.000%

Weighted Average: 0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	HR-1 Form (H)		Yes
Supporting Document	HR-1 Form (H)		Yes
Supporting Document	Consumer Disclosure Form		Yes
Supporting Document (revised)	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document (revised)	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document (revised)	Cover Letter		Yes
Supporting Document	Cover Letter		Yes
Supporting Document (revised)	Rate Review Detail Documentation		Yes
Supporting Document	Rate Review Detail Documentation		Yes

State: Colorado Filing Company: Humana Health Plan Inc.
 TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
 Product Name: HHP Small Group Medical Rate Filing_2014.01
 Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Sample Colorado Health Benefit Plan Description Form		Yes
Supporting Document	Confidential Exhibit I		No
Supporting Document	Confidential Exhibit II		No
Supporting Document (revised)	Colorado Specific Actuarial Memorandum		Yes
Supporting Document	Colorado Specific Actuarial Memorandum		Yes
Supporting Document	Colorado Specific Actuarial Memorandum		Yes
Supporting Document	Colorado Specific Actuarial Memorandum		Yes
Supporting Document	Colorado Specific Actuarial Memorandum		Yes
Supporting Document	Colorado Specific Actuarial Memorandum		Yes
Supporting Document (revised)	Rating Sample		Yes
Supporting Document	Rating Sample		Yes
Supporting Document	Rating Sample		Yes
Supporting Document	Rating Sample		Yes
Supporting Document	Carrier Attestation		Yes
Form (revised)	HMO Policy		Yes
Form	CHMO 2004-P		Yes
Form (revised)	HMO Certificate		Yes
Form	CHMO 2004-C		Yes
Form (revised)	PPO Policy		Yes
Form	CC2003-P		Yes
Form (revised)	PPO Certificate		Yes
Form	CC2003-C		Yes
Form (revised)	HMO Mandated Policy		Yes

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	CO CHMOM-P		Yes
Form (revised)	HMO Mandated Certificate		Yes
Form	CO CHMOM-C		Yes
Form (revised)	HMO Supplemental Accident Rider		Yes
Form	CHMO SAR		Yes
Form (revised)	HMO Vision Care Rider		Yes
Form	CHMO VIS		Yes
Form (revised)	HMO Prescription Drug Benefit [Rider]		Yes
Form	CHMO RX		Yes
Form (revised)	HMO 24-Hour Coverage Benefit [Rider]		Yes
Form	CHMO 24HR		Yes
Rate (revised)	SB Rating Manual 2014.01_HHP		Yes
Rate	SB Rating Manual 2014.01_HHP		Yes
Rate	SB Rating Manual 2014.01_HHP		Yes
Rate	SB Rating Manual 2014.01_HHP		Yes
Rate	SB Rating Manual 2014.01_HHP		Yes
Rate	SB Rating Manual 2014.01_HHP		Yes
Rate	SB Rating Manual 2014.01_HHP		Yes
Rate	SB Rating Manual 2014.01_HHP		Yes
Rate	SB Rating Manual 2014.01_HHP		Yes

Final Disposition Letter

State Tracking #278120
Company: Humana Health Plan
Product Line: Small Group HMO

Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

Off Exchange Only Plans

Platinum: 0

Gold: 24

Silver: 75

Bronze: 21

Rate Methodology

Experience Used for Rate Setting: Colorado SG HMO 2012 experience.

2012 Experience Period Loss Ratio: 77.4% loss ratio based on 117,909 member months with \$41.0 Million in premium and \$348.04 average premium pmpm.

Annual Health Cost Trends: 7.0% trend.

Risk Adjustment: -3.0% (payments expected from the federal Risk Adjustment Program in 2014).

Smoking Factor: 0% higher rates for smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

* Federal Reported 2014 Comparable Average Premium: \$349.74.

* This is reported on the issuer's CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan. This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Average premium retention is 20.0% shown as follows:

Final Disposition Letter

		% of Premium
<u>Issuer Primary Expense and Profit Retention</u>		<u>Retained</u>
Administrative Expenses:		8.11%
Commissions:		5.30%
Profit and Contingencies:		2.20%
Investment Income:		0.00%
(A)	Total:	15.61%
<u>Retention for Additional Required Taxes, Fees and Assessments</u>		
PPACA Fees:		3.95%
Premium Taxes:		0.00%
Other Fees, Assessments, Taxes:		0.44%
(B)	Total:	4.39%
<u>Additional Allowed for QI & Member Welfare Section</u>		
Quality Improvement:		0.00%
Community Charitable:		
IT for ICD-10 Conversion (max allowed 0.3%):		
(C)	Total:	0.00%
(D)	Total Premium Retention For All Purposes (A + B + C):	20.00%
(E)	Colorado Conventional Loss Ratio (100% - D):	80.00%
Federal MLR Loss Ratio Basis: (E + C) / (100% - B - FIT):		83.67%

Sample of Final Premium Levels

				Rating Area 1		Rating Area 2		Rating Area 3	
				27 year old		27 year old		27 year old	
Company	Level of Coverage*	Network Name*	Plan Type*	Low	High	Low	High	Low	High
Humana Health Plan	Gold	Colorado HMOx	HMO			\$296.29	\$396.23	\$298.13	\$395.30
		National POS Open Access	POS	\$373.83	\$508.06	\$346.43	\$467.30	\$351.03	\$470.37
	Silver	Colorado HMOx	HMO			\$207.55	\$332.34	\$208.88	\$331.84
		National POS Open Access	POS	\$261.68	\$422.74	\$242.53	\$389.16	\$245.79	\$392.02
	Bronze	Colorado HMOx	HMO			\$196.75	\$233.06	\$191.30	\$226.60
		National POS Open Access	POS	\$246.89	\$310.51	\$229.47	\$279.61	\$233.12	\$276.08

Division Objections and Rate Changes During the Review Process

The Division objects to the incorrect rates being used in the rate manual. The Division objects to incorrect rates submitted in the rate data template. The Division directed Humana to use the original medical and pharmacy area factors that were submitted in the filing on May 15, 2013. The Division objected to several area factor adjustments that were made following the initial rate filing without approval from the Division for Humana to make adjustments. Humana also did not provide actuarial support for the new area factors submitted past the May 15th deadline for submitting rate filings. Humana agreed to remove those adjustments, however they have not been correctly removed from the rate manual. Rates entered in the rate data template do not match to the correct rates that should be quoted in the market.

The Division objected to Humana attempting to add a composite rating method into the rate manual on July 23rd. This method is not allowable under ACA rate regulations, and Humana did not discuss the addition of this method into the rate manual with the Division prior to adding it. The Division directed Humana to remove their composite rating method.

The Division objected to the use of rider rates in the rate manual for a carry-over-credit with an additional 3.4% cost optional to groups who selected it. Plans with rider rates were not being included in the rate data template. Humana agreed to remove that benefit as a rider and include as an embedded benefit for a subset of their plans at a cost addition of 0.56%.

The Division objected to the use of an optional contraceptive benefit rider in the rate manual. Humana agreed to remove this optional benefit.

The Division objected to use of pharmacy plan factors in the rate manual which were not included in any plans in the rate data template. All plans sold with their own specific rate in the market must be included in the rate data template. Humana removed plans and plan factors from the rate data template that are not being included in the rate data template.

The Division objected to the Index calculation risk adjustment factor of -5.25% that Humana built into their rates assuming that their average member health status would be worse than the small employer insured population in 2014. The Division limited the use of this factor to be no more than a 3% rate reduction in anticipation of 2014 offsetting risk adjustment payments from the risk adjustment program. Humana reduced their risk adjustment factor to be less than a 3% impact to premium, which was a -3.12% adjustment to claims in the Index rate development.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

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Product Name: HHP Small Group Medical Rate Filing_2014.01
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/30/2013
Submitted Date	07/30/2013
Respond By Date	07/30/2013

Dear Jason Hill,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please revise your URRT to reflect the risk adjustment of (-3.0%) on the part 3 Actuarial Memorandum

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/30/2013, which is within 0 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/30/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State: Colorado **Filing Company:** Humana Health Plan Inc.
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- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/05/2013
Submitted Date	07/05/2013
Respond By Date	07/15/2013

Dear Jason Hill,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)

Comments: This objection is in regards to the optional Carry Over Credit benefit with an additional 3.4% rate load indicated in the Rate Manual.

This 3.4% rate load for a Carry Over Benefit is not supported in the rate filing. The Division does not approve this benefit rating factor due to lack of support.

Please provide a full description of how this benefit works in the Actuarial Memorandum, and full support for how the 3.4% rate load was determined.

Plans that add this optional Carry Over Credit would need to be reflected as unique additional plans in the URRT, with their own pricing benefit value, and Actuarial value in the URRT section II spreadsheet.

All unique benefit plan designs must be included in the rate data template with their unique rates.

Any plan which has added this Carry Over Credit with an additional 3.4% rate load must be included in the rate data template as a separate plan and rate from the original plan without the benefit.

Please indicate how these plans containing this optional benefit are being accounted for in all applicable templates in the binder.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/15/2013, which is within 10 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/15/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

State: Colorado **Filing Company:** Humana Health Plan Inc.
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Sincerely,
Michael Muldoon

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/05/2013
Submitted Date	07/05/2013
Respond By Date	07/11/2013

Dear Jason Hill,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide a new rate manual in the following format:

*Base Premium = (Age Factor) * (Plan Benefit Factor) * (Network Factor) * (Area Factor) * (Tobacco Factor) * (Any other factors built into the rate)*

Provide a table for each of the following factors listed above.

Also, for the Plan Benefit factors and Network factors, please include the plan id, plan marketing name, metal level and factor.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/11/2013, which is within 6 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/11/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/26/2013
Submitted Date	06/26/2013
Respond By Date	07/01/2013

Dear Jason Hill,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: There are 103 plan IDs listed in the Plans & Benefits Template, 42 (plan descriptions, not ids) listed in the Rate Manual, and 153 IDs listed in the Rate Data Template. Due to the high volume of plans, there should be a crosswalk of Plan name/description and Plan IDs on the Rate Manual. Also, the following plans are on the Rate Data Template, but not on the P&B Template:

74320CO0390005
74320CO0390006
74320CO0390010
74320CO0390012
74320CO0390013
74320CO0390015
74320CO0390016
74320CO0390017
74320CO0390019
74320CO0390021
74320CO0390022
74320CO0390023
74320CO0390024
74320CO0390025
74320CO0390026
74320CO0390027
74320CO0390028
74320CO0390029
74320CO0390030
74320CO0390031
74320CO0390032
74320CO0390033
74320CO0390034
74320CO0390035
74320CO0390036
74320CO0390037
74320CO0390038
74320CO0390039
74320CO0390040
74320CO0390041
74320CO0390042

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

74320CO0390043
74320CO0390044
74320CO0390045
74320CO0400005
74320CO0400006
74320CO0400007
74320CO0400008
74320CO0400009
74320CO0400010
74320CO0400012
74320CO0400013
74320CO0400015
74320CO0400016
74320CO0400017
74320CO0400019
74320CO0400021
74320CO0400022
74320CO0400023
74320CO0400031

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/01/2013, which is within 5 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/01/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/19/2013
Submitted Date	06/19/2013
Respond By Date	06/24/2013

Dear Jason Hill,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Contraceptive services is a state mandate. Please remove any opt-out on contraceptives on filing.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/24/2013, which is within 4 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/24/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/14/2013
Submitted Date	06/14/2013
Respond By Date	06/19/2013

Dear Jason Hill,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Requested rate information fields are still empty on the Rate Review Detail section of the rate filing. Please fill out the following fields with the proper information: Member Months, Projected Earned Premiums, Projected Incurred Claims, Annual PMPM (Min, Max, Weighted)

Objection 2

Comments: Please provide a calculation summary that includes the starting index rate along with all of the components and factors used to reach the final index rate. Be sure to include all adjustments. Please upload an excel and pdf version of this summary.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/19/2013, which is within 5 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/19/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/10/2013
Submitted Date	06/10/2013
Respond By Date	06/24/2013

Dear Jason Hill,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide all requested rate information on the view rate review detail. If this is a new product, there would not be prior rate information. We have acknowledged that prior rate information has been removed from the rate schedule, but the following fields should not be left blank or as zero: Member Months, Projected Earned Premiums, Projected Incurred Claims, Annual PMPM (Min, Max, Weighted).

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/24/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/24/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/28/2013
Submitted Date	05/28/2013
Respond By Date	06/05/2013

Dear Jason Hill,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Colorado Specific Actuarial Memorandum (Supporting Document)

Comments: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/05/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/05/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
 - Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/22/2013
Submitted Date	05/22/2013
Respond By Date	06/05/2013

Dear Jason Hill,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please correct the requested filing mode to file and use on the general information tab.

Objection 2

Comments: Please provide all form #'s on the view rate review detail.

Objection 3

Comments: Please provide all requested rate information on the view rate review detail. If this is a new product, there would not be prior rate information.

Objection 4

Comments: If this is a new product, there would not be prior rate information on the rate rule schedule. Please make appropriate changes.

Objection 5

Comments: If this is a new product there would not be written premium change for this product, or policy holders Please make changes.

Objection 6

Comments: Please provide the Unifed rate review template in an xls format. We are not able to open the xml docs.

Objection 7

Comments: state codes are 701, 645, please remove 644

Objection 8

Comments: Please provide the form #'s with the form names on the form schedule tab.

Objection 9

- Colorado Specific Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (D) Please indicate which of the following PPACA benefits your plan has implemented:

Eliminate Annual Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Lifetime Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19, Section 2711 of the PHSA/Section 1201 of the PPACA

Prohibit Rescissions, Section 2712 of the PHSA/Section 1001 of PPACA

Preventive Services, Section 2713 of the PHSA/Section 1001 of the PPACA

Extends Dependent Coverage for Children Until age 26, Section 2714 of the PHSA/Section 1001 of the PPACA

Appeals Process, Section 2719 of the PHSA/Section 1001 of the PPACA

Emergency Services, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to Pediatricians, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to OB/GYNs, Section 2719A of the PHSA/Section 10101 of the PPACA

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Objection 10

- Colorado Specific Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (P) Please provide projected premiums and claims.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/05/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/05/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/31/2013
Submitted Date	07/31/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

There have been two versions of the URRT submitted. The first version of the .xlsm submitted on 6/3 which contained the -5.9% RA receipt and the second version submitted on 7/15 which contains the revised -3% RA receipt. The second version has been double checked for accuracy. Due to the limitations of the template (J24:M29 must be greater than or equal to 1.0) many revisions were made to this section in order to preserve the original PMPMs. These revisions are shown in the Warning Alerts section in the Actuarial Memorandum - Part III. A new copy of this Memorandum has been provided as the last copy cut off part of this section.

Related Objection 1

Comments: Please revise your URRT to reflect the risk adjustment of (-3.0%) on the part 3 Actuarial Memorandum

Changed Items:

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIIActMemoHHPv3.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIIActMemoHHPv2.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIIActMemo.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Jason Hill

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/10/2013
Submitted Date	07/15/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

The Carry Over Credit benefit has been embedded within the Copay plan design. The impact to embed the carryover-credit rider is 0.56%. This impact was developed using a proprietary 3rd party model that has been calibrated to our Humana Small Business experience. The impact of the rider was calculated for each copay plan and weighted together using Colorado specific projected membership on these plans.

The rate of the current optional rider is 3.4%. To determine the original rider rate, we started with the impact per plan similar to above. We increased the impact to account for the additional claims impact when a group positively purchases the rider. The pricing is based, in part, by the difference in the nationwide claims for groups on similar deductibles with and without the optional rider.

Related Objection 1

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)

Comments: This objection is in regards to the optional Carry Over Credit benefit with an additional 3.4% rate load indicated in the Rate Manual.

This 3.4% rate load for a Carry Over Benefit is not supported in the rate filing. The Division does not approve this benefit rating factor due to lack of support. Please provide a full description of how this benefit works in the Actuarial Memorandum, and full support for how the 3.4% rate load was determined.

Plans that add this optional Carry Over Credit would need to be reflected as unique additional plans in the URRT, with their own pricing benefit value, and Actuarial value in the URRT section II spreadsheet.

All unique benefit plan designs must be included in the rate data template with their unique rates.

Any plan which has added this Carry Over Credit with an additional 3.4% rate load must be included in the rate data template as a separate plan and rate from the original plan without the benefit.

Please indicate how these plans containing this optional benefit are being accounted for in all applicable templates in the binder.

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIIActMemoHHPv2.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIIActMemo.pdf
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	plan_management_data_templates_unifiedHHPv2.xlsm
<i>Previous Version</i>	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	plan_management_data_templates_unifiedHHP.xlsm
<i>Previous Version</i>	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	UnifiedRateReviewSubmission_2013051574028_2013051581529.xml

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIIActMemoHHPv2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>PartIIIActMemo.pdf</i>

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	plan_management_data_templates_unifiedHHPv2.xlsm
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>plan_management_data_templates_unifiedHHP.xlsm</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>UnifiedRateReviewSubmission_2013051574028_2013051581529.xml</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Jason Hill

SERFF Tracking #:	HUMA-128990602	State Tracking #:	278120	Company Tracking #:	
<hr/>					
State:	Colorado	Filing Company:	Humana Health Plan Inc.		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other				
Product Name:	HHP Small Group Medical Rate Filing_2014.01				
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/10/2013
Submitted Date	07/10/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

The rating manual has been updated to include metal tier and Rx description by plan.

Related Objection 1

Comments: Please provide a new rate manual in the following format:

*Base Premium = (Age Factor) * (Plan Benefit Factor) * (Network Factor) * (Area Factor) * (Tobacco Factor) * (Any other factors built into the rate)*

Provide a table for each of the following factors listed above.

Also, for the Plan Benefit factors and Network factors, please include the plan id, plan marketing name, metal level and factor.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv5.p df,	07/10/2013 By: Jason Hill

Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv3.p df,	06/28/2013 By: Jason Hill
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Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv2.p df,	06/19/2013 By: Jason Hill
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Previous Version

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Rate/Rule Schedule Item Changes						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	06/11/2013 By: Jason Hill
Previous Version						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	05/15/2013 By: Jason Hill

Conclusion:

Sincerely,
Jason Hill

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/28/2013
Submitted Date	06/28/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

A new rating manual has been submitted with the Plan ID's listed next to the corresponding plan benefits. A new plan and benefit template will be upload soon.

Related Objection 1

SERFF Tracking #:	HUMA-128990602	State Tracking #:	278120	Company Tracking #:	
<hr/>					
State:	Colorado	Filing Company:	Humana Health Plan Inc.		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other				
Product Name:	HHP Small Group Medical Rate Filing_2014.01				
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/				

Comments: There are 103 plan IDs listed in the Plans & Benefits Template, 42 (plan descriptions, not ids) listed in the Rate Manual, and 153 IDs listed in the Rate Data Template. Due to the high volume of plans, there should be a crosswalk of Plan name/description and Plan IDs on the Rate Manual. Also, the following plans are on the Rate Data Template, but not on the P&B Template:

74320CO0390005
74320CO0390006
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74320CO0390033
74320CO0390034
74320CO0390035
74320CO0390036
74320CO0390037
74320CO0390038
74320CO0390039
74320CO0390040
74320CO0390041
74320CO0390042
74320CO0390043

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

74320CO0390044
74320CO0390045
74320CO0400005
74320CO0400006
74320CO0400007
74320CO0400008
74320CO0400009
74320CO0400010
74320CO0400012
74320CO0400013
74320CO0400015
74320CO0400016
74320CO0400017
74320CO0400019
74320CO0400021
74320CO0400022
74320CO0400023
74320CO0400031

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv3.pdf,	06/28/2013 By: Jason Hill

Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv2.pdf,	06/19/2013 By: Jason Hill
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Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	06/11/2013 By: Jason Hill
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Previous Version

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Rate/Rule Schedule Item Changes						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	05/15/2013 By: Jason Hill

Conclusion:

Sincerely,
Jason Hill

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/19/2013
Submitted Date	06/19/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

The opt-out has been removed.

Related Objection 1

Comments: Contraceptive services is a state mandate. Please remove any opt-out on contraceptives on filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv2.pdf,	06/19/2013 By: Jason Hill

Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	06/11/2013 By: Jason Hill
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Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	05/15/2013 By: Jason Hill
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Conclusion:

Sincerely,
Jason Hill

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/19/2013
Submitted Date	06/19/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

Completed and Allowed.

Related Objection 1

Comments: Requested rate information fields are still empty on the Rate Review Detail section of the rate filing. Please fill out the following fields with the proper information: Member Months, Projected Earned Premiums, Projected Incurred Claims, Annual PMPM (Min, Max, Weighted)

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

An Index rate Exhibit has been attached.

Related Objection 2

Comments: Please provide a calculation summary that includes the starting index rate along with all of the components and factors used to reach the final index rate. Be sure to include all adjustments. Please upload an excel and pdf version of this summary.

Changed Items:

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Colorado Specific Actuarial Memorandum
Comments:	
Attachment(s):	ExhibitI.pdf COActuarial MemorandumHHPv2.pdf Exhibit II.pdf ObjectionIndexRate.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>ExhibitI.pdf COActuarial MemorandumHHPv2.pdf Exhibit II.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>COActuarial MemorandumHHP.pdf ExhibitI.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Jason Hill

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/11/2013
Submitted Date	06/11/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

The Rate Review Detail was updated on 06/06/2013 as a post submission update.

Related Objection 1

Comments: Please provide all requested rate information on the view rate review detail. If this is a new product, there would not be prior rate information. We have acknowledged that prior rate information has been removed from the rate schedule, but the following fields should not be left blank or as zero: Member Months, Projected Earned Premiums, Projected Incurred Claims, Annual PMPM (Min, Max, Weighted).

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Rating Sample
Comments:	
Attachment(s):	Rate SampleHHP.pdf
<i>Previous Version</i>	
Satisfied - Item:	Rating Sample
Comments:	
Attachment(s):	RatingSample.pdf

No Form Schedule items changed.

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	06/11/2013 By: Jason Hill

Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	05/15/2013 By: Jason Hill
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Conclusion:

Sincerely,
Jason Hill

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2013
Submitted Date	06/03/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

Exhibit II provides a high level summary of product descriptions.

Related Objection 1

Applies To:

- Colorado Specific Actuarial Memorandum (Supporting Document)

Comments: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Colorado Specific Actuarial Memorandum
Comments:	
Attachment(s):	ExhibitI.pdf COActuarial MemorandumHHPv2.pdf Exhibit II.pdf
<i>Previous Version</i>	
Satisfied - Item:	Colorado Specific Actuarial Memorandum
Comments:	
Attachment(s):	COActuarial MemorandumHHP.pdf ExhibitI.pdf

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State:

Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:

HHP Small Group Medical Rate Filing_2014.01

Project Name/Number:

HHP Small Group Medical Rate Filing_2014.01/

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Jason Hill

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2013
Submitted Date	06/03/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

The filing mode has been changed to file and use.

Related Objection 1

Comments: Please correct the requested filing mode to file and use on the general information tab.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

All form numbers have been updated on the rate review detail.

Related Objection 2

Comments: Please provide all form #'s on the view rate review detail.

Changed Items:

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Rate Review Detail Documentation
Comments:	Explanations as to how the Rate Review Detail elements were calculated.
Attachment(s):	RateReviewDetailv2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Review Detail Documentation</i>
Comments:	<i>Explanations as to how the Rate Review Detail elements were calculated.</i>
Attachment(s):	<i>RateReviewDetail.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

All prior rate information has been removed from the view rate review detail.

Related Objection 3

Comments: Please provide all requested rate information on the view rate review detail. If this is a new product, there would not be prior rate information.

Changed Items:

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Rate Review Detail Documentation
Comments:	Explanations as to how the Rate Review Detail elements were calculated.
Attachment(s):	RateReviewDetailv2.pdf
Previous Version	
Satisfied - Item:	Rate Review Detail Documentation
Comments:	Explanations as to how the Rate Review Detail elements were calculated.
Attachment(s):	RateReviewDetail.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

All prior rate information has been removed from the rate schedule.

Related Objection 4

Comments: If this is a new product, there would not be prior rate information on the rate rule schedule. Please make appropriate changes.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

All premiums and policy holder information has been removed.

Related Objection 5

Comments: If this is a new product there would not be written premium change for this product, or policy holders Please make changes.

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

An excel version of the URRT has been uploaded to SERFF.

Related Objection 6

Comments: Please provide the Unified rate review template in an xls format. We are not able to open the xml docs.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	plan_management_data_templates_unifiedHHP.xlsm
Previous Version	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	UnifiedRateReviewSubmission_2013051574028_2013051581529.xml

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

644 cannot be removed once the filing has been submitted. It has been noted that 644 will not appear on future filings.

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Related Objection 7

Comments: state codes are 701, 645, please remove 644

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

The form numbers and names have been updated on the form schedule tab.

Related Objection 8

Comments: Please provide the form #'s with the form names on the form schedule tab.

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	HMO Policy	CHMO 2004-P 01/14	POL	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill

Previous Version

1	CHMO 2004-P	CHMO 2004-P	POL	Other	rate change only			Date Submitted: 05/15/2013 By: Jason Hill
2	HMO Certificate	CHMO 2004-C	CER	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill

Previous Version

2	CHMO 2004-C	CHMO 2004-C	CER	Other	rate change only			Date Submitted: 05/15/2013 By: Jason Hill
3	PPO Policy	CC2003-P	POL	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill

Previous Version

3	CC2003-P	CC2003-P	POL	Other	rate change only			Date Submitted: 05/15/2013 By: Jason Hill
4	PPO Certificate	CC2003-C	CER	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill

Previous Version

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	HMO Policy	CHMO 2004-P 01/14	POL	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill
4	CC2003-C	CC2003-C	CER	Other	rate change only			Date Submitted: 05/15/2013 By: Jason Hill
5	HMO Mandated Policy	CO CHMOM-P	POL	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill

Previous Version

5	CO CHMOM-P	CO CHMOM-P	POL	Other	rate change only			Date Submitted: 05/15/2013 By: Jason Hill
6	HMO Mandated Certificate	CO CHMOM-C	CER	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill

Previous Version

6	CO CHMOM-C	CO CHMOM-C	CER	Other	rate change only			Date Submitted: 05/15/2013 By: Jason Hill
7	HMO Supplemental Accident Rider	CHMO SAR	CERA	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill

Previous Version

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	HMO Policy	CHMO 2004-P 01/14	POL	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill
7	CHMO SAR	CHMO SAR	POLA	Other	rate change only			Date Submitted: 05/15/2013 By: Jason Hill
8	HMO Vision Care Rider	CHMO VIS	CERA	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill

Previous Version

8	CHMO VIS	CHMO VIS	POLA	Other	rate change only			Date Submitted: 05/15/2013 By: Jason Hill
9	HMO Prescription Drug Benefit [Rider]	CHMO RX 01/14	CERA	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill

Previous Version

9	CHMO RX	CHMO RX	POLA	Other	rate change only			Date Submitted: 05/15/2013 By: Jason Hill
10	HMO 24-Hour Coverage Benefit [Rider]	CHMO 24HR	CERA	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill

Previous Version

State: Colorado Filing Company: Humana Health Plan Inc.
 TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other
 Product Name: HHP Small Group Medical Rate Filing_2014.01
 Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	HMO Policy	CHMO 2004-P 01/14	POL	Other	rate change only			Date Submitted: 06/03/2013 By: Jason Hill
10	CHMO 24HR	CHMO 24HR	POLA	Other	rate change only			Date Submitted: 05/15/2013 By: Jason Hill

No Rate/Rule Schedule items changed.

Response 9

Comments:

The PPACA benefits have been listed in Section D of the Actuarial Memorandum.

Related Objection 9

Applies To:

- Colorado Specific Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (D) Please indicate which of the following PPACA benefits your plan has implemented:

Eliminate Annual Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Lifetime Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19, Section 2711 of the PHSA/Section 1201 of the PPACA

Prohibit Rescissions, Section 2712 of the PHSA/Section 1001 of PPACA

Preventive Services, Section 2713 of the PHSA/Section 1001 of the PPACA

Extends Dependent Coverage for Children Until age 26, Section 2714 of the PHSA/Section 1001 of the PPACA

Appeals Process, Section 2719 of the PHSA/Section 1001 of the PPACA

Emergency Services, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to Pediatricians, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to OB/GYNs, Section 2719A of the PHSA/Section 10101 of the PPACA

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State:

Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:

HHP Small Group Medical Rate Filing_2014.01

Project Name/Number:

HHP Small Group Medical Rate Filing_2014.01/

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 10

Comments:

Projected premiums and claims have been added to Section N of the Actuarial Memorandum.

Related Objection 10

Applies To:

- Colorado Specific Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (P) Please provide projected premiums and claims.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Jason Hill

SERFF Tracking #:	HUMA-128990602	State Tracking #:	278120	Company Tracking #:	
State:	Colorado	Filing Company:	Humana Health Plan Inc.		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other				
Product Name:	HHP Small Group Medical Rate Filing_2014.01				
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/				

Amendment Letter

Submitted Date: 08/06/2013

Comments:

See Cover Letter

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SB Rating Manual 2014.01_HHP		New		SB Rating Manual 2014.01_HHPNGFFIN AL.pdf,	08/06/2013 By:
Previous Version						
1	SB Rating Manual 2014.01_HHP		New		SB Rating Manual 2014.01_HHPNGFv8.p df,	07/31/2013 By:
Previous Version						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv7.p df,	07/30/2013 By:
Previous Version						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv6F. pdf,	07/23/2013 By:
Previous Version						

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Rate/Rule Schedule Item Changes						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv5.p df,	07/10/2013 By: Jason Hill
Previous Version						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv3.p df,	06/28/2013 By: Jason Hill
Previous Version						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv2.p df,	06/19/2013 By: Jason Hill
Previous Version						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	06/11/2013 By: Jason Hill
Previous Version						

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Rate/Rule Schedule Item Changes						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	05/15/2013 By: Jason Hill

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	ActMemoPartIIHHPFINAL.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIActMemoHHPv4.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIActMemoHHPv3.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIActMemoHHPv2.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIActMemo.pdf

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	plan_management_data_templates_unifiedHHPFINAL.xlsm
<i>Previous Version</i>	
Satisfied - Item:	Unified Rate Review Template

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Comments:	
Attachment(s):	<i>plan_management_data_templates_unifiedHHPv3.xlsm</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>plan_management_data_templates_unifiedHHPv2.xlsm</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>plan_management_data_templates_unifiedHHP.xlsm</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>UnifiedRateReviewSubmission_2013051574028_2013051581529.xml</i>

Satisfied - Item:	Cover Letter
Comments:	cl
Attachment(s):	CO Letter 8-06-13 - HHP_FINAL.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Cover Letter</i>
Comments:	<i>cl</i>
Attachment(s):	<i>CoverFinal.pdf</i>

Satisfied - Item:	Colorado Specific Actuarial Memorandum
Comments:	

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Attachment(s):	COActuarial MemorandumHHPv2.pdf ObjectionIndexRate.pdf Exhibit IIv2.pdf ExhibitIHHPFINAL.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>COActuarial MemorandumHHPv2.pdf ObjectionIndexRate.pdf ExhibitIv3.pdf Exhibit IIv2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>COActuarial MemorandumHHPv2.pdf Exhibit II.pdf ObjectionIndexRate.pdf ExhibitIv3.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>ExhibitI.pdf COActuarial MemorandumHHPv2.pdf Exhibit II.pdf ObjectionIndexRate.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Attachment(s):	<i>ExhibitI.pdf</i> <i>COActuarial MemorandumHHPv2.pdf</i> <i>Exhibit II.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>COActuarial MemorandumHHP.pdf</i> <i>ExhibitI.pdf</i>

Satisfied - Item:	Rating Sample
Comments:	
Attachment(s):	State of Colorado - Rate Sample TemplateHHPFINAL.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rating Sample</i>
Comments:	
Attachment(s):	<i>Rate SampleHHPv2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Rating Sample</i>
Comments:	
Attachment(s):	<i>Rate SampleHHP.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Rating Sample</i>
Comments:	
Attachment(s):	<i>RatingSample.pdf</i>

SERFF Tracking #:	<i>HUMA-128990602</i>	State Tracking #:	<i>278120</i>	Company Tracking #:	
<hr/>					
State:	<i>Colorado</i>	Filing Company:	<i>Humana Health Plan Inc.</i>		
TOI/Sub-TOI:	<i>HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other</i>				
Product Name:	<i>HHP Small Group Medical Rate Filing_2014.01</i>				
Project Name/Number:	<i>HHP Small Group Medical Rate Filing_2014.01/</i>				

Amendment Letter

Submitted Date: 07/31/2013

Comments:

Rating Manual - The manual has been revised to reflect the original area factors that were submitted on 5/15. The manual has also been revised to exclude the Walmart/CVS Rx packages. The composite rating wording has also been removed.

URRT - A revised URRT has been submitted to more closely reflect the change in RA payment.

Part III - A revised Part III has been submitted to align with the URRT's RA payment.

All of these changes were requested by the division. Humana does not agree with area factor revisions as this will occur in the consumer receiving ~15% increase on all current rates.

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SB Rating Manual 2014.01_HHP		New		SB Rating Manual 2014.01_HHPNGFv8.p df,	07/31/2013 By:

Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv7.p df,	07/30/2013 By:
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Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv6F. pdf,	07/23/2013 By:
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Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv5.p df,	07/10/2013 By: Jason Hill
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State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Rate/Rule Schedule Item Changes						
<i>Previous Version</i>						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv3.p df,	06/28/2013 By: Jason Hill
<i>Previous Version</i>						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv2.p df,	06/19/2013 By: Jason Hill
<i>Previous Version</i>						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	06/11/2013 By: Jason Hill
<i>Previous Version</i>						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	05/15/2013 By: Jason Hill

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIIActMemoHHPv4.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIIActMemoHHPv3.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIIActMemoHHPv2.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	PartIIIActMemo.pdf

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	plan_management_data_templates_unifiedHHPv3.xlsm
<i>Previous Version</i>	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	plan_management_data_templates_unifiedHHPv2.xlsm
<i>Previous Version</i>	
Satisfied - Item:	Unified Rate Review Template

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Comments:	
Attachment(s):	<i>plan_management_data_templates_unifiedHHP.xlsm</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>UnifiedRateReviewSubmission_2013051574028_2013051581529.xml</i>

SERFF Tracking #:	<i>HUMA-128990602</i>	State Tracking #:	<i>278120</i>	Company Tracking #:	
<hr/>					
State:	<i>Colorado</i>	Filing Company:	<i>Humana Health Plan Inc.</i>		
TOI/Sub-TOI:	<i>HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other</i>				
Product Name:	<i>HHP Small Group Medical Rate Filing_2014.01</i>				
Project Name/Number:	<i>HHP Small Group Medical Rate Filing_2014.01/</i>				

Amendment Letter

Submitted Date: 07/30/2013

Comments:

The rating manual and Exhibit II has been revised to reflect the changes made to the binder regarding copay amounts.

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv7.p df,	07/30/2013 By:

Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv6F. pdf,	07/23/2013 By:
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Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv5.p df,	07/10/2013 By: Jason Hill
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Previous Version

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Rate/Rule Schedule Item Changes						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv3.p df,	06/28/2013 By: Jason Hill
Previous Version						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv2.p df,	06/19/2013 By: Jason Hill
Previous Version						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	06/11/2013 By: Jason Hill
Previous Version						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	05/15/2013 By: Jason Hill

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Colorado Specific Actuarial Memorandum
Comments:	
Attachment(s):	COActuarial MemorandumHHPv2.pdf ObjectionIndexRate.pdf Exhibitlv3.pdf Exhibit llv2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>COActuarial MemorandumHHPv2.pdf Exhibit ll.pdf ObjectionIndexRate.pdf Exhibitlv3.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Exhibitl.pdf COActuarial MemorandumHHPv2.pdf Exhibit ll.pdf ObjectionIndexRate.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Exhibitl.pdf COActuarial MemorandumHHPv2.pdf Exhibit ll.pdf</i>
<i>Previous Version</i>	

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>COActuarial MemorandumHHP.pdf</i> <i>Exhibit1.pdf</i>

SERFF Tracking #:	HUMA-128990602	State Tracking #:	278120	Company Tracking #:	
State:	Colorado	Filing Company:	Humana Health Plan Inc.		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other				
Product Name:	HHP Small Group Medical Rate Filing_2014.01				
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/				

Amendment Letter

Submitted Date: 07/23/2013

Comments:

This amendment couples the revision reconciliation on the HIC filing.

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv6F.pdf,	07/23/2013 By:

Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv5.pdf,	07/10/2013 By: Jason Hill
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Previous Version

1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv3.pdf,	06/28/2013 By: Jason Hill
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Previous Version

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Rate/Rule Schedule Item Changes						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGFv2.p df,	06/19/2013 By: Jason Hill
Previous Version						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	06/11/2013 By: Jason Hill
Previous Version						
1	SB Rating Manual 2014.01_HHP		Revised	Previous State Filing Number: 276055 Percent Rate Change Request: 2.9	SB Rating Manual 2014.01_HHPNGF.pdf,	05/15/2013 By: Jason Hill

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	HR-1 Form (H)
Comments:	
Attachment(s):	HR-1 Form 2014_01 HHPNGF.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>HR-1 Form (H)</i>
Comments:	
Attachment(s):	<i>HR-1 Form 2014_01 HHPNGF.pdf</i>

Satisfied - Item:	Colorado Specific Actuarial Memorandum
Comments:	
Attachment(s):	COActuarial MemorandumHHPv2.pdf Exhibit II.pdf ObjectionIndexRate.pdf Exhibitlv3.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>ExhibitI.pdf</i> <i>COActuarial MemorandumHHPv2.pdf</i> <i>Exhibit II.pdf</i> <i>ObjectionIndexRate.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>ExhibitI.pdf</i> <i>COActuarial MemorandumHHPv2.pdf</i> <i>Exhibit II.pdf</i>

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Specific Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>COActuarial MemorandumHHP.pdf</i> <i>Exhibit1.pdf</i>

Satisfied - Item:	Rating Sample
Comments:	
Attachment(s):	Rate SampleHHPv2.pdf

<i>Previous Version</i>	
Satisfied - Item:	<i>Rating Sample</i>
Comments:	
Attachment(s):	<i>Rate SampleHHP.pdf</i>

<i>Previous Version</i>	
Satisfied - Item:	<i>Rating Sample</i>
Comments:	
Attachment(s):	<i>RatingSample.pdf</i>

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Note To Reviewer

Created By:

Jason Hill on 07/31/2013 03:32 PM

Last Edited By:

Jason Hill

Submitted On:

07/31/2013 03:32 PM

Subject:

Final CO HHP Letter

Comments:

Please see attachment.



July 31, 2013

Mr. Tom Abel
Colorado Division of Insurance
Denver, CO 80202

**RE: Humana Health Plan, Inc.
Small Group HMO / NPOS Rate Filing**

Dear Mr. Abel:

The purpose of this letter is to outline the changes to the rate manual and URRT Template for the Humana Health Plan 2014 rate filing.

1. Area Factors

Based on the 7/31 conversation with the Division, Humana has agreed to modify the area factors to match the original area factors submitted on 5/15. Humana would like to note that these area factors were developed based on inaccurate data and the resulting premium rates will be excessive in relation to the benefits provided. Humana, at the earliest opportunity, will file an adjustment to the area factors to correct the error.

2. Walmart/CVS Rx Plan Benefit Factor

The Walmart/CVS Rx Plan Benefit factors have been removed from the rate manual.

3. Composite Rating

The reference to the development of Composite Rates has been removed from the rate manual. While Humana believes the final market reform regulations allow for issuers to offer a composite rate developed from the per-member rating methodology, Humana has agreed to remove the composite rating methodology from the rate filing. All rates will be developed for every employee utilizing the per-member rating methodology outlined in the Market Reform Regulations of the Affordable Care Act.

4. URRT Template

The URRT Template has been modified to align with the URRT Template submitted on 7/15. The URRT was also modified to align the Projected Risk Adjustments from the original 5.9% to 3.0% based on previous conversations with the Division.

Sincerely,

A handwritten signature in black ink that reads "Paul D. Roe". The signature is written in a cursive, flowing style.

Paul D. Roe, ASA, MAAA
Managing Actuary – Small Business

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Note To Filer

Created By:

Cathy Gilliland on 07/30/2013 05:56 PM

Last Edited By:

Cathy Gilliland

Submitted On:

07/30/2013 05:56 PM

Subject:

meeting with the Division on Insurance

Comments:

please call to set up a phone conference with the division of Insurance

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Note To Filer

Created By:

Cathy Gilliland on 05/23/2013 09:25 AM

Last Edited By:

Nichole Boggess

Submitted On:

05/24/2013 01:32 PM

Subject:

URRT

Comments:

please provide the URRT in a xls format as we are not able to open the xlm

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Post Submission Update Request Processed On 06/19/2013

Status: Allowed
Created By: Jason Hill
Processed By: Cathy Gilliland
Comments:

Company Rate Information:

Company Name:Humana Health Plan Inc.

Field Name	Requested Change	Prior Value
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REQUESTED RATE CHANGE INFORMATION:

Member Months:	159822	0
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REQUESTED RATE:

Projected Earned Premium:	61,222,190.000	0.000
Projected Incurred Claims:	49,224,723.000	0.000
Min:	129.210	0.000
Max:	1,265.940	0.000
Weighted Avg.:	383.060	0.000

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
 - Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Post Submission Update Request Processed On 06/04/2013

Status: Allowed
 Created By: Jason Hill
 Processed By: Cathy Gilliland
 Comments:

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	Review & Approval

Company Rate Information:

Company Name:Humana Health Plan Inc.

Field Name	Requested Change	Prior Value
Written Premium Change for this Program	\$0	\$2842961
# of Policy Holders Affected for this Program	0	6283
Written Premium for this Program	\$0	\$40613735

FORMS:

Other Affected forms:	CHMO 2004-P 01/14, CHMO 2004-C, CC2003-P, CC2003-C, CO CHMOM-P, CO CHMOM-C, CHMO SAR, CHMO VIS, CHMO RX 01/14, CHMO 24HR	CHMO 2004 et al, CC2003 et al, CHMOM
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REQUESTED RATE CHANGE INFORMATION:

Member Months:	0	121277
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PRIOR RATE:

Total Earned Premium::	0.000	40,613,735.000
Total Incurred Claims:	0.000	31,242,126.000
Min:	0.000	129.210
Max:	0.000	1,265.940
Weighted Avg.:	0.000	334.880

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Post Submission Update Request Processed On 06/13/2013

Status: Disallowed
Created By: Jason Hill
Processed By: Cathy Gilliland
Comments: this does not match the projected claims 61,222,190 -please make corrections

Company Rate Information:

Company Name:Humana Health Plan Inc.

Field Name	Requested Change	Prior Value
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REQUESTED RATE CHANGE INFORMATION:

Member Months:	159822	0
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REQUESTED RATE:

Projected Earned Premium:	6,222,190.000	0.000
Projected Incurred Claims:	49,224,723.000	0.000
Min:	129.210	0.000
Max:	1,265.940	0.000
Weighted Avg.:	383.060	0.000

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State:

Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:

HHP Small Group Medical Rate Filing_2014.01

Project Name/Number:

HHP Small Group Medical Rate Filing_2014.01/

Form Schedule

Lead Form Number: CHMO 2004-P

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		HMO Policy	CHMO 2004-P 01/14	POL	Other	rate change only		
2		HMO Certificate	CHMO 2004-C	CER	Other	rate change only		
3		PPO Policy	CC2003-P	POL	Other	rate change only		
4		PPO Certificate	CC2003-C	CER	Other	rate change only		
5		HMO Mandated Policy	CO CHMOM-P	POL	Other	rate change only		
6		HMO Mandated Certificate	CO CHMOM-C	CER	Other	rate change only		
7		HMO Supplemental Accident Rider	CHMO SAR	CERA	Other	rate change only		
8		HMO Vision Care Rider	CHMO VIS	CERA	Other	rate change only		
9		HMO Prescription Drug Benefit [Rider]	CHMO RX 01/14	CERA	Other	rate change only		
10		HMO 24-Hour Coverage Benefit [Rider]	CHMO 24HR	CERA	Other	rate change only		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
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SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:**State:**

Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:

HHP Small Group Medical Rate Filing_2014.01

Project Name/Number:

HHP Small Group Medical Rate Filing_2014.01/

CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
 - Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Rate Justification

Rate Methodology

Experience Used for Rate Setting: Colorado SG HMO 2012 experience. 2012 Experience Period Loss Ratio: 77.4oss ratio based on 117,909 member months with \$41.0 Million in premium and \$348.04 average premium pmpr.

Annual Health Cost Trends: 7.0rend. Risk Adjustment: -3.0payments expected from the federal Risk Adjustment Program in 2014). Smoking Factor: 0igher rates for smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

* Federal Reported 2014 Comparable Average Premium: \$349.74.

* This is reported on the issuer's CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

Premium Retained to Cover Expenses, Taxes Fees and Profits Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions

to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Average premium retention is 20.0hown as follows:

Final Disposition Letter

f Premium

Issuer Primary Expense and Profit Retention

Retained

Administrative Expenses:

8.11 ommissions:

5.30rofit and Contingencies:

2.20nvestment Income:

0.00A)

Total:

15.61etention for Additional Required Taxes, Fees and Assessments

PPACA Fees:

3.95remium Taxes:

0.00ther Fees, Assessments, Taxes:

0.44B)

Total:

4.39

dditional Allowed for QI

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	2.900%
Effective Date of Last Rate Revision:	08/01/2013
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Humana Health Plan Inc.	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

State: Colorado **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: HHP Small Group Medical Rate Filing_2014.01
Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Rate Review Detail

COMPANY:

Company Name: Humana Health Plan Inc.
HHS Issuer Id: 95885
Product Names: CO HMOx 14, CO HMO Premier 14
Trend Factors: An annual trend of 7.0% is used in pricing. This reflects the expected future changes in utilization and provider reimbursement trends. The utilization assumption is adjusted for severity and benefit buy-down. The unit cost assumptions are determined by building in the escalators and expected deal changes for each provider/hospital. The timing of these changes is considered in the analysis.

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: CHMO 2004-P 01/14, CHMO 2004-C, CC2003-P, CC2003-C, CO CHMOM-P, CO CHMOM-C, CHMO SAR, CHMO VIS, CHMO RX 01/14, CHMO 24HR

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 159,822
Benefit Change: None
Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 61,222,190.00
Projected Incurred Claims: 49,224,723.00
Annual \$: Min: 129.21 Max: 1,265.94 Avg: 383.06

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		SB Rating Manual 2014.01_HHP		New		SB Rating Manual 2014.01_HHPNGFFIN AL.pdf,

HHP Small Business Non-Grandfathered Rate Manual

HUMANA HEALTH PLAN
This is the rating manual for Humana's Small Business Products.

Medical Rating Formula

The medical rates for coverage types are calculated as follows:

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Network Factor
- 4.) x Age Factor
- 5.) x Medical Plan Benefit Factor

Drug Rating Formula

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Age Factor
- 4.) x Rx Plan Benefit Factor

TABLE 1
Index Rates

<u>Date</u>	<u>Medical</u>	<u>RX</u>
01/01/2014	\$ 337.26	\$ 57.26
02/01/2014	\$ 337.26	\$ 57.26
03/01/2014	\$ 337.26	\$ 57.26
04/01/2014	\$ 343.01	\$ 58.24
05/01/2014	\$ 343.01	\$ 58.24
06/01/2014	\$ 343.01	\$ 58.24
07/01/2014	\$ 348.87	\$ 59.24
08/01/2014	\$ 348.87	\$ 59.24
09/01/2014	\$ 348.87	\$ 59.24
10/01/2014	\$ 354.81	\$ 60.25
11/01/2014	\$ 354.81	\$ 60.25
12/01/2014	\$ 354.81	\$ 60.25

TABLE 2
Area Factors

<u>Rating Area</u>	<u>Medical</u>	<u>Rx</u>
Rating Region 1 - Boulder	1.5373	1.4460
Rating Region 2 - Colorado Springs	1.3845	1.4613
Rating Region 3 - Denver	1.3670	1.6447
Rating Region 4 - Fort Collins	NA	NA
Rating Region 5 - Grand Junction	NA	NA
Rating Region 6 - Greeley	NA	NA
Rating Region 7 - Northeast Non-MSA	NA	NA
Rating Region 8 - Pueblo	NA	NA
Rating Region 9 - Resort	NA	NA
Rating Region 10 - Southeast Non-MSA	NA	NA
Rating Region 11 - West Non-MSA	NA	NA

TABLE 3
Network Factors

	Boulder	Colorado Springs	Denver
Network Description	Network Factor	Network Factor	Network Factor
NPOS/HMO	1.0000	1.0000	1.0000
HMOx	NA	0.8520	0.8390

TABLE 4
Age Factors

<i><u>Age</u></i>	<i><u>Factor</u></i>		<i><u>Age</u></i>	<i><u>Factor</u></i>
0-20	0.635		43	1.357
21	1.000		44	1.397
22	1.000		45	1.444
23	1.000		46	1.500
24	1.000		47	1.563
25	1.004		48	1.635
26	1.024		49	1.706
27	1.048		50	1.786
28	1.087		51	1.865
29	1.119		52	1.952
30	1.135		53	2.040
31	1.159		54	2.135
32	1.183		55	2.230
33	1.198		56	2.333
34	1.214		57	2.437
35	1.222		58	2.548
36	1.230		59	2.603
37	1.238		60	2.714
38	1.246		61	2.810
39	1.262		62	2.873
40	1.278		63	2.952
41	1.302		64+	3.000
42	1.325			

TABLE 5
Medical Plan Factor

<u>Plan ID</u>	<u>Metal Tier</u>	<u>Plan Name</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Medical Factor</u>	<u>Rx</u>	<u>Rx Factor</u>
74320CO041									
0001	Gold	Trad Copay NPOS	100/70	25	500	4000	0.8103	Rx4 10/30/50/25%	0.8906
0002	Gold	Trad Copay NPOS	100/70	25	1000	4000	0.7473	Rx4 10/30/50/25%	0.8906
0003	Silver	Trad Copay NPOS	100/70	30	1500	6350	0.6700	Rx4 10/45/70/25%	0.7713
0004	Silver	Trad Copay NPOS	100/70	30	2000	6350	0.6306	Rx4 10/35/55/25%	0.8507
0005	Silver	Trad Copay NPOS	100/70	35	2000	5000	0.6401	Rx4 10/45/90/25% 100 ded	0.6498
0006	Silver	Trad Copay NPOS	90/60	30	1500	6350	0.6145	Rx4 10/45/90/25% 100 ded	0.6498
0007	Silver	Trad Copay NPOS	90/60	30	2000	6350	0.5899	Rx4 10/45/90/25%	0.7236
0008	Gold	Trad Copay NPOS	80/50	25	500	4000	0.6386	Rx4 10/30/50/25%	0.8906
0009	Gold	Trad Copay NPOS	80/50	25	1000	4000	0.5938	Rx4 10/30/50/25%	0.8906
0010	Silver	Trad Copay NPOS	80/50	40	1500	5000	0.5326	Rx4 10/45/75/25% 100 ded	0.6805
0011	Silver	Trad Copay NPOS	80/50	30	2000	6350	0.4969	Rx4 10/45/75/25%	0.7571
0012	Silver	Trad Copay NPOS	80/50	30	2000	6350	0.4969	Rx4 10/35/70/25% 250 ded	0.6458
0013	Silver	Trad Copay NPOS	80/50	45	2000	5000	0.5065	Rx4 10/35/50/25% 100 ded	0.7805
0014	Gold	Trad Copay NPOS	70/50	20	1000	4000	0.5633	Rx4 10/30/50/25%	0.8906
0015	Silver	Trad Copay NPOS	70/50	35	2000	6350	0.4715	Rx4 10/45/75/25% 100 ded	0.6805
0016	Silver	Trad Copay NPOS	70/50	40	2000	6350	0.4650	Rx4 10/35/55/25% 250 ded	0.6783
0017	Silver	Trad Copay NPOS	60/50	30	2000	6350	0.4483	Rx4 10/45/75/25% 100 ded	0.6805
0018	Silver	Trad Copay NPOS	60/50	35	2000	6350	0.4455	Rx4 10/35/75/25%	0.8029
0019	Silver	Trad Copay NPOS	60/50	40	2000	6350	0.4402	Rx4 10/40/70/25% 250 ded	0.6270
0020	Silver	Trad Copay NPOS	50/50	25	2000	6350	0.4059	Rx4 10/35/75/25%	0.8029
0021	Silver	Trad Copay NPOS	50/50	30	2000	6350	0.3925	Rx4 10/30/50/25% 100 ded	0.8032
0022	Silver	Trad Copay NPOS	50/50	35	2000	6350	0.3995	Rx4 10/45/75/25% 100 ded	0.6805
0023	Silver	Trad Copay NPOS	50/50	40	2000	6350	0.3938	Rx4 10/40/70/25% 250 ded	0.6270
0024	Gold	EHDHP NPOS	100/70	0	2000	2000	0.8766	ded/coins	0.0000
0025	Bronze	EHDHP NPOS	90/60	0	5000	6350	0.5714	ded/coins	0.0000
0026	Silver	EHDHP NPOS	80/50	0	2000	6350	0.6548	ded/coins	0.0000
0027	Bronze	EHDHP NPOS	80/50	0	4000	6350	0.5232	ded/coins	0.0000
0028	Bronze	EHDHP NPOS	80/50	0	5000	6350	0.4870	ded/coins	0.0000
0029	Silver	EHDHP NPOS	70/50	0	1500	6350	0.6335	ded/coins	0.0000
0030	Bronze	EHDHP NPOS	70/50	0	3500	6350	0.5175	ded/coins	0.0000
0031	Gold	HDHP NPOS	100/70	0	1750	1750	0.8937	ded/coins	0.0000
0032	Bronze	HDHP NPOS	100/70	0	5500	5000	0.5615	ded/coins	0.0000
0033	Silver	HDHP NPOS	80/50	0	1500	6350	0.6888	ded/coins	0.0000
0034	Bronze	HDHP NPOS	80/50	0	4000	6350	0.5081	ded/coins	0.0000
0046	Gold	Simplicity NPOS	100/70	30	0	6350	0.6533	SRx4 10/35/55/25%	0.8530
0047	Silver	Simplicity NPOS	100/70	50	0	6350	0.4725	SRx4 10/45/90/25%	0.7256
0048	Silver	Simplicity NPOS	100/70	50	0	6350	0.3975	SRx4 10/40/70/25%	0.7908
0049	Silver	Coins NPOS	80/50	0	2000	5000	0.5046	Rx4 10/45/90/25%	0.7236
0050	Silver	Coins NPOS	70/50	0	1500	5000	0.5001	Rx4 10/45/90/25%	0.7236
0051	Bronze	Coins NPOS	70/50	0	5000	6350	0.3634	Rx4 10/45/90/25% 100 ded	0.6498

<u>Plan ID</u>	<u>Metal Tier</u>	<u>Plan Name</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Medical Factor</u>	<u>Rx</u>	<u>Rx Factor</u>
74320CO039, 74320CO040									
0001	Gold	Trad Copay HMO	100/0	25	500	4000	0.7806	Rx4 10/45/90/25%	0.8906
0002	Gold	Trad Copay HMO	100/0	25	1000	4000	0.7227	Rx4 10/30/50/25%	0.8906
0003	Silver	Trad Copay HMO	100/0	30	1500	6350	0.6501	Rx4 10/45/70/25%	0.7713
0004	Silver	Trad Copay HMO	100/0	30	2000	6350	0.6122	Rx4 10/35/55/25%	0.8507
0005	Silver	Trad Copay HMO	100/0	35	2000	5000	0.6207	Rx4 10/45/90/25% 100 ded	0.6498
0006	Silver	Trad Copay HMO	90/0	30	1500	6350	0.5951	Rx4 10/45/90/25% 100 ded	0.6498
0007	Silver	Trad Copay HMO	90/0	30	2000	6350	0.5718	Rx4 10/45/90/25%	0.7236
0008	Gold	Trad Copay HMO	80/0	25	500	4000	0.6127	Rx4 10/30/50/25%	0.8906
0009	Gold	Trad Copay HMO	80/0	25	1000	4000	0.5716	Rx4 10/30/50/25%	0.8906
0010	Silver	Trad Copay HMO	80/0	40	1500	5000	0.5140	Rx4 10/45/75/25% 100 ded	0.6805
0011	Silver	Trad Copay HMO	80/0	30	2000	6350	0.4811	Rx4 10/45/75/25%	0.7571
0012	Silver	Trad Copay HMO	80/0	30	2000	6350	0.4811	Rx4 10/35/70/25% 250 ded	0.6458
0013	Silver	Trad Copay HMO	80/0	45	2000	5000	0.4886	Rx4 10/35/50/25% 100 ded	0.7805
0014	Gold	Trad Copay HMO	70/0	20	1000	4000	0.5409	Rx4 10/30/50/25%	0.8906
0015	Silver	Trad Copay HMO	70/0	35	2000	6350	0.4552	Rx4 10/45/75/25% 100 ded	0.6805
0016	Silver	Trad Copay HMO	70/0	40	2000	6350	0.4483	Rx4 10/35/55/25% 250 ded	0.6783
0017	Silver	Trad Copay HMO	60/0	30	2000	6350	0.4322	Rx4 10/45/75/25% 100 ded	0.6805
0018	Silver	Trad Copay HMO	60/0	35	2000	6350	0.4293	Rx4 10/35/75/25%	0.8029
0019	Silver	Trad Copay HMO	60/0	40	2000	6350	0.4239	Rx4 10/40/70/25% 250 ded	0.6270
0020	Silver	Trad Copay HMO	50/0	25	2000	6350	0.3907	Rx4 10/35/75/25%	0.8029
0021	Silver	Trad Copay HMO	50/0	30	2000	6350	0.3769	Rx4 10/30/50/25% 100 ded	0.8032
0022	Silver	Trad Copay HMO	50/0	35	2000	6350	0.3840	Rx4 10/45/75/25% 100 ded	0.6805
0023	Silver	Trad Copay HMO	50/0	40	2000	6350	0.3783	Rx4 10/40/70/25% 250 ded	0.6270
0024	Gold	EHDHP HMO	100/0	0	2000	2000	0.8656	ded/coins	0.0000
0025	Bronze	EHDHP HMO	90/0	0	5000	6350	0.5590	ded/coins	0.0000
0026	Silver	EHDHP HMO	80/0	0	2000	6350	0.6413	ded/coins	0.0000
0027	Bronze	EHDHP HMO	80/0	0	4000	6350	0.5087	ded/coins	0.0000
0028	Bronze	EHDHP HMO	80/0	0	5000	6350	0.4719	ded/coins	0.0000
0029	Silver	EHDHP HMO	70/0	0	1500	6350	0.6178	ded/coins	0.0000
0030	Bronze	EHDHP HMO	70/0	0	3500	6350	0.5029	ded/coins	0.0000
0031	Gold	HDHP HMO	100/0	0	1750	1750	0.8830	ded/coins	0.0000
0032	Bronze	HDHP HMO	100/0	0	5500	5000	0.5536	ded/coins	0.0000
0033	Silver	HDHP HMO	80/0	0	1500	6350	0.6752	ded/coins	0.0000
0034	Bronze	HDHP HMO	80/0	0	4000	6350	0.4945	ded/coins	0.0000
0046	Gold	Simplicity HMO	100/0	30	0	6350	0.6403	SRx4 10/35/55/25%	0.8530
0047	Silver	Simplicity HMO	100/0	50	0	6350	0.4512	SRx4 10/45/90/25%	0.7256
0048	Silver	Simplicity HMO	100/0	50	0	6350	0.3729	SRx4 10/40/70/25%	0.7908
0049	Silver	Coins HMO	80/0	0	2000	5000	0.4891	Rx4 10/45/90/25%	0.7236
0050	Silver	Coins HMO	70/0	0	1500	5000	0.4833	Rx4 10/45/90/25%	0.7236
0051	Bronze	Coins HMO	70/0	0	5000	6350	0.3492	Rx4 10/45/90/25% 100 ded	0.6498

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Supporting Document Schedules

Satisfied - Item:	HR-1 Form (H)
Comments:	
Attachment(s):	HR-1 Form 2014_01 HHPNGF.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Disclosure Form
Comments:	This filing does not meet or exceed the "subject to review" threshold.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	ActMemoPartIIHHPFINAL.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	plan_management_data_templates_unifiedHHPFINAL.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	cl
Attachment(s):	CO Letter 8-06-13 - HHP_FINAL.pdf
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Satisfied - Item:	Rate Review Detail Documentation
Comments:	Explanations as to how the Rate Review Detail elements were calculated.
Attachment(s):	RateReviewDetailv2.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Sample Colorado Health Benefit Plan Description Form
Comments:	
Attachment(s):	SG HMO Sample Plan.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Colorado Specific Actuarial Memorandum
Comments:	
Attachment(s):	COActuarial MemorandumHHPv2.pdf ObjectionIndexRate.pdf Exhibit IIv2.pdf ExhibitIHHPFINAL.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Rating Sample
Comments:	
Attachment(s):	State of Colorado - Rate Sample TemplateHHPFINAL.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Carrier Attestation
Comments:	
Attachment(s):	CarrierAttestationHHP.pdf
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	Humana Health Plan Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	HHP Small Group Medical Rate Filing_2014.01		
Project Name/Number:	HHP Small Group Medical Rate Filing_2014.01/		

Attachment plan_management_data_templates_unifiedHHPFINAL.xlsm is not a PDF document and cannot be reproduced here.

State Of Colorado
Health Rate Filing Form
Form HR-1

Reset Form

Must Be Completed For All Products		SERFF FILING # HUMA-128990602																
1. Company: Humana Health Plan																		
2. Person Responsible For Filing: Paul Roe	3. Title: Actuary																	
4. Address Of Responsible Person: 1100 Employers Bo	5. Telephone #: (800) 544-7001 ext. 8007																	
6. Email Address: proe@humana.com																		
7. Type Of Coverage: HMO Other :																		
8. Medicare Supplement: N/A Not Applicable <input checked="" type="checkbox"/>																		
(1) Prestandardized Plan(s):																		
(2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L																		
(3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N																		
9. Sub Category: Small Group (1-50)																		
10. A. Group Information: Employer N/A N/A N/A																		
B. Name of association or trust (<i>if applicable</i>):																		
C. Description of discretionary group(<i>if applicable</i>):																		
11. Colorado State Code(s): 701 Small Group Select One																		
N/A	N/A	N/A																
12. Brief Filing Description (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.): Major Medical																		
13. Reason For Filing: Increase In Benefits? Reduction In Benefits? Increase in Profits? Change Needed To Meet Projected Losses? Trend Only? Change In Rating Methodology? New Product (Initial Offering As Opposed To Rate Revision)? Other? (If other, please explain)	<table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr><tr><td><input checked="" type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr><tr><td><input checked="" type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr></table>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																	
14. Policy Form(s) Affected: CHMO 2004, CC2003, CHMOM																		

15. If Rider Or Endorsement, Type Of Benefits? NA		
16. Closed Block(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Block Closed:		
17. Number Of Colorado Covered Lives (Including Employees And Dependents): 11319		
18. A. Rating Period: Select One From To		<input checked="" type="checkbox"/> N/A (New Product)
B. Experience Period: From To		
C. Reason for Rate Change:		
D. Average Change In Rates From One Year Prior To Effective Date: 0.00%		
19. A. Rate Change Without Trend: 0.00%		
B. Trend for Rating Period (if trend factor is used in rates): 7.00%		
C. Overall Rate Impact Change: 0.00%		
20. A. Current Underlying Annualized Trend Assumption (If Applicable): 7.00%		
B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable): 7.00%		
21. A. What Is The Maximum Rate Change That Can Affect A Policyholder? 0.00%		
B. What Is The Minimum Rate Change That Can Affect A Policyholder? 0.00%		
(If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios (On Colorado only basis)		
22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 80.00%		
B. Actual Benefits Ratio over Experience Period: 0.00%		<input checked="" type="checkbox"/> N/A (New Product)
23. A. Projected Benefits Ratio With Rate Change over Rating Period 0.00%	<input type="checkbox"/> Colorado <input type="checkbox"/> Colorado/Nationwide <input type="checkbox"/> Nationwide Basis	<input checked="" type="checkbox"/> N/A (New Product)
B. Projected Benefits Ratio Without Rate Change over Rating Period 0.00%		
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. Proposed Effective Date: January 1, 2014		
25. A. Total Annual Colorado Written Premium Before Change(s): \$		<input checked="" type="checkbox"/> N/A (New Product)
B. Total Annual Colorado Written Premium After Change(s): \$		
C. Written Premium Change For This Product (Net Change): \$		
26. A. Effective Date of Previous Rate Filing for this Form (including initial filing):		<input checked="" type="checkbox"/> N/A (New Product)
B. Previous SERFF Filing Number(s):		
C. Overall Percentage of Last Rate Change for Affected Policy Forms: 0.00%		
27. Experience Provided: <input type="checkbox"/> Nationwide <input type="checkbox"/> Colorado 0-2 Years (New plan only) <input type="checkbox"/> other (specify)		<input checked="" type="checkbox"/> N/A (New Product)
28. Small Group Filings Only: Unique Single Index Rate (Effective For All Small Group Plans):		394.52

General Information

This filing is for the 1-50 small group market, with an effective date of 01/01/2014.

Company Identifying Information:

Company Legal Name: **Humana Health Plan**
 State: **CO**
 HIOS Issuer ID: **74320**
 Market: **Small Group**
 Effective Date: **01/01/2014**

Company Contact Information:

Primary Contact Name: **Jason Hill**
 Primary Contact Telephone Number: **920-337-5488**
 Primary Contact Email Address: **jhill11@humana.com**

Purpose:

The purpose of this actuarial memorandum is to provide supporting justification to the Unified Rate Review template with the goal of demonstrating compliance with the market rating rules, as well as reasonableness of any proposed rates.

In addition, this actuarial memorandum provides required actuarial certifications related to:

- the methodology used to calculate the AV Metal Value for each plan
- the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based
- the index rate is developed in accordance with federal regulations and the index rate along with allowable modifiers are used in the development of plan specific premium rates

This filing should be used for no other purposes.

This memorandum was prepared by a qualified actuary, and is intended to be reviewed by a qualified actuary

Proposed Rate Increase(s)Reason for Rate Increase(s):

For 1/1/2014, the company is issuing all new products that comply with the requirements of the Affordable Care Act and is terminating all non-grandfathered products issued before 1/1/2014. In accordance with HHS regulations, the proposed rate increase for all new plans is zero percent.

Experienced Period Premium and Claims

Paid Through Date: The date through which payments have been made on Claims incurred during the experience period is

03/31/2013

Premiums (net of MLR Rebate) in Experience Period:

Premiums net of MLR rebate:	\$	41,037,073
MLR Rebates:	\$	-
Estimated Rebates to be included:	\$	-

The basis for the Humana Small Business rebate forecast is forecasted membership, premium, claims (including quality improvement expenditures), and expenses at the state and legal entity level. These forecasted metrics are run through a simulated rebate model, where the various components of rebate legislation are applied. The most impactful adjustments include the credibility adjustment (based on forecasted member months) and the adjustment to remove taxes and licensing fees from premium. These items are combined to estimate the Rebate Calculation Ratio (RCR), which is then compared against the 80% threshold for the Small Business segment to calculate final expected rebates.

Allowed and Incurred Claims Incurred During the Experience Period

	Allowed Claims	Incurred Claims
Claims that were processed through the issuer's claim system	\$ 41,068,876	\$ 31,752,859
Claims that were processed outside the issuer's claim system	\$ -	\$ -
Claims incurred but not paid as of paid through date	\$ 486,724	\$ 376,316

Allowed claims come directly from the an issuer's claims system after eligibility and network discounts are applied, allowed medical claims, allowed Rx claims, and member capitation payments are combined to populate the experience period data above. Member cost sharing is removed from the allowed claims to report the incurred claims entered above.

To estimate incurred claims, all commercial claims experience is segregated by legal entity, processing platform, product, geography and claim category so that appropriate balance of homogeneity and credible size is maintained. The segmentation logic is reviewed at least annually or when significant changes in the block occur (e.g. acquisitions). The paid-to-incurred claim triangles for each block are used to develop completion factors that are applied to each incurred month to estimate ultimate incurred amounts. Estimated ultimate incurred claims for the most recent twelve months are then adjusted for pending claims if there is a material variance from historical levels. Finally, the completion factors and estimated ultimate incurred claims are reviewed and may be changed to account for known anomalies in the data that may have distorted the calculation. The difference between the estimated ultimate incurred claims and the current paid-to-date amounts is the estimate of the incurred but not paid claims for each incurred month. In the calculation process, completion factors, per typical actuarial practice, are not permitted to be greater than 1.00. That is, no coverage month is permitted to have an incurred claim estimate less than the amount of claims paid to date even though historical experience may indicate that this is likely due to future claim recoveries.

For each month of incurred, the incurred but not reported amount equals the incurred claims estimate minus claims paid to date. Follow-up studies, including monthly historical reserve restatement analyses, are regularly performed to test the accuracy of the reserving methodology and suggest possible improvements.

Allowed but not reported estimates are developed utilizing the combination of the incurred but not reported estimate and the incurred to allowed ratio of historical claims.

Benefit Categories

The Benefit Categories are defined as follows:

Inpatient Hospital: Includes non-capitated services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital: Includes non-capitated services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility. The Outpatient Hospital benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Outpatient Surgery and Emergency Room, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Outpatient Therapy or MRI, services are used for the measurement units.

Professional: Includes non-capitated primary care, specialist, therapy, laboratory, radiology, and other professional services not billed by the facility. The Professional benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Primary Care or Specialist Office visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Therapy or MRI, services are used for the measurement units.

Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services. The Other Medical benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Home Health visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as DME, services are used for the measurement units.

Capitation: Includes all services provided under one or more capitated arrangements.

Prescription Drug: Includes drugs dispensed by a pharmacy. This amount should be net of rebates received from drug manufacturers.

Projection Factors

0.0%	<p><u>Changes in the Morbidity of the Population Insured:</u></p> <p>This adjustment is intended to capture the change in underlying morbidity for the risk pool in 2014 compared to the current risk pool. In the small group market, the company is projecting little to no impact due to this projected factor in 2014. This industry morbidity assumption is based on a number of third-party industry wide studies and a nationwide internal analysis.</p>
1.8%	<p><u>Changes in Benefits:</u></p> <p>All new plans must cover the essential health benefits package in 2014. The specifics of the essential health benefits are contained within the benchmark plan selected in each state. There are number benefits that are considered to require rate increases in the small group market: women's preventive health, behavioral services and other state-specific services outlined in the benchmark plan and currently not reflected in the experience period data. Seven months of the experience period does not include the expected cost from the Women's Preventive Legislation and has been allocated as a percent of premium. The rate increase associated with this benefit change is .7%.</p> <p>Federal Mental Health Parity requirements is currently not in the experience period, the rate increase associated with this benefit change is .3%.</p> <p>For this state and legal entity, this list of other state specific services outlined in the benchmark plan include: Pediatric Dental and Vision, Cochlear implants, Prosthetics, and Tobacco Cessation. The rate increase associated with these benefits changes is .7712%.</p>
0.0%	<p><u>Changes in Demographics:</u></p> <p>The company is assuming the same average mix of population by age, gender, and region in the projected period as in the underlying base period experience.</p>
-3.0%	<p><u>Other adjustments:</u></p> <p>This adjustment is intended to capture the change in the company's existing risk as it converges to the market average risk due to lack of underwriting. This percentage was estimated based on a study performed by Wakely Consulting which developed the risk of each carrier's book of business relative to the small group market in the state.</p>
13.0%	<p><u>Trend Factors (cost/utilization):</u></p> <p>The cost trend captures pure unit cost changes from midpoint 2012 to midpoint 2014, calculated using the same basket of services each period, due to price/contract negotiations and provider distribution changes.</p> <p>Inpatient Hospital, Outpatient Hospital, Professional, Capitation and Other Medical cost trends are developed based on historical area specific cost trends from Humana's Small Commercial block of business data. Future cost trends are developed based on expected changes in Humana's Commercial contracts. Pharmacy cost trends are developed based on historical brand, generic, and specialty drug trends from Humana's Commercial data. Future cost trends are developed based on expected changes in these pharmacy contracts. These contractual impacts will be applicable to all members regardless of risk class.</p> <p>Utilization trend: Using Humana's Trend Quantification and Projection model, a baseline utilization trend is developed using Humana's Small Commercial block of business historical medical claims data from 2008 - 2012. The historical baseline utilization trend is developed by removing all known impacts to utilization net trend such as demographics, geography, duration, customer changes, benefit changes, new health technologies, utilization management initiatives, and changes in pertinent days. An economic regression model, based on consumer sentiment, personal disposable income, hospital construction, and high-tech medical equipment spend, is then fit to this historical baseline utilization data to project the future block of business baseline utilization trend for 2013 and 2014.</p> <p>A midpoint to midpoint methodology is applied to determine the applicable baseline utilization trend, which incorporates 2012q3 and 2012q4 actual results at the state and legal entity level with the block of business baseline utilization trend for 2013 and 2014. This results in baseline utilization trends that vary at the state and legal entity level.</p> <p>Other components are added to the baseline utilization trend to develop the total utilization trend provided. These include the following:</p> <ul style="list-style-type: none"> • Pertinent days – Captures changes in the calendar, recognizing that health care utilization varies by day of the week and reporting periods contain varying weekday mix and count. This impact is developed through the use of an external consultant's model which is uploaded with Humana's Commercial claims data. • New Health Technologies – Captures the impact of new health technologies and procedures. An external consulting firm researches new technologies and develops per member per month impacts. These impacts are customized to Humana's Commercial business based on membership and coverage policy. • Management Initiatives – Captures savings for Humana initiatives designed to bend trend by managing utilization, such as case management, disease management, and nurse programs. These initiatives are evaluated by an internal actuarial organization tasked with evaluating the effectiveness of the initiatives. Evaluations are done through a collaborative effort involving clinical and other operational areas. Projected savings are calculated by determining prospective changes to impacted metric values, which are determined by analyzing historical metric values as well as through discussions with clinical and operational areas. Savings are reviewed with leadership to ensure appropriateness of assumptions. <p>This describes the development of the core utilization trend. All impacts from healthcare reform have been removed and are included in the "Population Risk/Morbidity" and "Other" adjustments from Worksheet 1 to prevent double counting of any impacts.</p>

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used:

For markets that are fully credible, the source data used to develop the manual rate is the 12-month experience period for the market for which rates are being submitted. For markets that are not fully credible and the issuer has another legal entity within the state that is fully credible, the source data used to develop the manual rates is a blend of 12-month experience period of another fully credible legal entity from the same state and the 12-month experience period for which rates are being submitted. For markets that are not fully credible and the issuer does not have another legal entity from the same state that is fully credible, the source data used to develop the manual rates is a blend of the 12-month experience period from similar products nationwide and the 12-month experience period for which rates are being submitted.

Since this market is considered fully credible, the source data used to develop the manual rates for this submission is the 12-month experience period.

Adjustments Made to the Data:

No adjustments made to the data, this source data is fully credible.

Inclusion of Capitation Payments:

No adjustments made to the data, capitation payments are already included within the source data

Credibility of Experience

Description of the Credibility Methodology Used:

A value of 24,000 member-months of experience is assumed to be fully credible, this value was derived based on analyzing historical experience. Our credibility weight methodology utilizes the following equation: $\sqrt{(\text{member months in experience period}/24000)}$.

Resulting Credibility Level Assigned to Base Period Experience when applying the proposed credibility methodology

1.00

Paid to Allowed Ratio

The anticipated paid to allowed average factor over the projection period was developed by separately considering the anticipated paid to allowed factors by each plan tier.

Once calculated, projected member month weights for each plan tier (consistent with those provided in Worksheet 2) were applied to these paid to allowed factors to produce an overall anticipated paid to allowed average factor of 75.1%.

The plan tier paid to allowed factors were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. These values were developed in accordance with generally accepted actuarial principles and methodologies.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM:

The adjustment factor to account for Humana's expected transfer amount due to the risk adjustment process was derived from our participation in a study by Wakely Consulting, an actuarial consulting firm. Wakely generated an analysis of carrier risk scores in several states based on the carrier's small group experience. Wakely generated the analysis in states where at least 80% of the insured membership in a state's small group market was included through carrier participation in the study. For the carriers that participated in the study, Wakely received a summary of their membership and de-identified claim experience so that Wakely could generate HCC risk scores for all of the carriers small group membership based on the risk adjuster scoring methodology outlined by HHS. Each carrier was supplied a summary exhibit that showed the average risk score, expected risk score, average actuarial value, average rate factor, and induced demand factor for their small group block of business. Wakely generated the expected transfer amount for each carrier based on this study. Humana then applied an expected transfer amount based on the difference in our average premium per member to the state average small group premium per member taken from the 2011 MLR rate filing experience supplied by CCIIO. The combination of the transfer amount and the difference between our average premium and the state average premium would produce the needed adjustment to our index rate for the expected risk adjuster transfer amount.

According to the Wakely analysis the projected risk adjustment PMPM was estimated to be \$15.64 PMPM for this state and legal entity. Based on discussions with the CO Division, the Division limited the risk adjuster transfer to be no more than a 3% impact to premium. The projected risk adjuster PMPM on the URRT has been modified to \$9.03 based on this guidance from the CO Division and updated forecasts. The projected risk adjustment PMPM of \$9.03 results in a premium impact that is less than 3% of the Single Risk Pool Gross Premium Avg Rate on the URRT.

Reinsurance: Projected ACA reinsurance recoveries as a percent of premium have been accounted for in the Taxes and Fees percentage detailed

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only)

This does not apply to the small group market.

Non-Benefit Expenses and Profit & Risk

Expenses are based on our internal forecast for 2014. Expenses are estimated based off of current costs, projected volume changes and estimated changes in department workload. These expenses are simply loaded as a flat percentage of premium at this point in time and do not vary by product or plan.

13.4% Administrative Expense Load

- Broker & Sales Commissions: Compensation expenses associated with business issued through an agent or agency
- Quality Expenses: Expenses associated with quality that are allowed adjustments under the Medical Loss Ratio standards
- Clinical & Network Operations: non-quality clinical costs, provider contracting, and network maintenance & development
- IT Expenses: costs associated with maintenance and development of systems
- Customer Service & Account Installation: call center, customer service, and account management
- Corporate Administration: shared functions that are not exclusive to small group medical segment, including corporate finance, legal, human resources, etc.
- Small Group Administration: functional areas & personnel that solely work on small group medical segment
- Direct Response, Marketing, & Agency Management: direct to consumer marketing expenses, other marketing expenses and agency management expenses

2.2% Profit (or Contribution to Surplus) & Risk Margin

- Profit margin is shown on a pre- tax basis and does not include investment income. The margin shown does not vary by product or plan.

3.3% Taxes and Fees

- 0.4%** •State Premium Tax: state premium tax; charged on a percentage of premium
- 1.30%** •Federal Insurer Annual Fee: assessment created in 2014 by PPACA. Estimated at 1.3% of premium. Not income tax deductible
- 1.50%** •Federal Reinsurance Assessment Fee: assessment created in 2014 by PPACA. Estimated at 1.5% of premium.
- 0.02%** •Risk Adjuster Fee: charged on a percentage of premium basis to fund the risk adjuster process

0.05% •Comparative Effectiveness Fee: charged on a percentage of premium to fund comparative research conduct research evaluating and comparing health outcomes and the clinical effectiveness, risks and benefits of medical treatments.

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology is :

Demonstration:

$$\frac{(2014 \text{ Claims}/2014 \text{ Premium}) + (\text{Quality Expenses as a \% of Premium})}{(1 - \text{Taxes and Fees as a \% of Premium})}$$
$$((47,717,597 / 59,650,362) + 1.6\%)/(1 - 3.3\%) =$$

84.4%

For this state and legal entity name, the projected loss ratio reported above was estimated using the 2-50 group segment experience, this does not align with the state's small business definition for calculating MLR rebates.

If the projected loss ratio is less than 80%, then the company comply with the Federal MLR requirements outlined in PHSA 2718.

Index Rate

The Experience Period is for coverage months between January 2012 and December 2012, over which time the covered benefits offered by the company were leaner than The Essential Health benefits required by the Affordable Care Act. Therefore, the index rate for the Experience Period is set equal to the total Allowed Claims PMPM in the Experience Period, with EHB pricing assumptions used to approximate the portion of the rate which covers EHB requirements in the projected period.

There are no state mandated covered benefits that are included in allowed claims but excluded from the index rate.

The following market-wide adjustments are applied to the projected index rate as the first step in determining plan level "index" rates

1) Adjustments for the net impacts of both risk adjustment and reinsurance. See "Risk Adjustment and Reinsurance" earlier section for more details of this market-wide adjustment.

2) Expense estimates were based on our internal forecast for 2014. They were estimated based on current costs, modified to accommodate projected volume changes and changes in department workload. These are presented as a flat percentage of premium at this point in time and do not vary by product or plan, and thus are essentially another market-wide adjustment applied to the projected index rate.

3) An adjustment for the addition of non-EHB benefits (additional benefits we provide at our own discretion, as well as any state mandated benefits not reflected in the benchmark plan). It is assumed that the addition of such benefits increases costs to all plans uniformly, hence it is essentially handled as a market-wide adjustment.

Then the following plan-specific adjustments are applied to determine plan level "index" rates:

4) Each of the plan tier pricing actuarial values (AVs) were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. The data used to produce the small group pricing AVs was based on a standard population of commercially insured membership purchased from a third party vendor. Then, the 2014 plan design parameters were applied to those allowed claims to produce paid claims and pricing AV's. The company did not use the experience of the terminating products when determining the pricing adjustment due to the low membership on any particular plan which makes the experience not credible. These values were developed in accordance with generally accepted actuarial principles and methodologies.

5) The development of the index rate includes the anticipated average unit costs derived from the provider networks that will be available on this legal entity in this state. These average unit costs are the result of charge levels, network discounts, delivery system characteristics and utilization management practices across the entire state, for this legal entity.

6) The impact of Non-EHBs on the index rate is 0.08%.

AV Metal Values

The AV Metal Values entered in Worksheet 2 of the Part I Unified Rate Review Template were entirely based on the AV calculator unless listed below. For those plans listed below, an alternative methodology was used to generate AV Metal Values and a copy of the actuarial certification required by 45 CFR Part 156, §156.135 has been provided for each occurrence along with this memorandum. For each actuarial certification, the chosen alternate methodology and the reason the benefits for a particular plan are not compatible with the AV Calculator are detailed. Each certification has been signed by a member of the American Academy of Actuaries, and the generated AV Metal values were developed in accordance with generally accepted actuarial principles and methodologies.

Below is the list of plans where an alternative methodology was used to generate AV Metal Values

All plans were entirely based on the AV calculator.

AV Pricing Values

The fixed reference plan selected as the basis for the AV Pricing Values is: 74320CO0410011

Membership Projections

The company is terminating all non-grandfathered plans issued before 1/1/2014 and is projecting that groups will renew on similar plans throughout 2014. The membership projections found in Worksheet 2 of the Part I Unified Rate Review Template are based mapping membership from non-ACA compliant plans to 2014 ACA compliant plans. The overall membership volume is adjusted for anticipated market growth, in-force persistency, and relative competitiveness via our internal market level projection models.

Terminated Products

The product names being terminated prior to the effective date have been listed below. The list encompasses both products that have experience included in the single risk pool during the experience period and any products that were not in effect during the experience but were made available thereafter.

List of Terminated Products:

74320CO001
74320CO002
74320CO004
74320CO005
74320CO006
74320CO007
74320CO008
74320CO011
74320CO012

74320C0015
74320C0023
74320C0024
74320C0025
74320C0027
74320C0031
74320C0032
74320C0033
74320C0037
74320C0038

Plan Type

The plan types selected in the drop-down boxes in Worksheet 2, Section I of the Part I Unified Rate Review Template for each of the company's plans do not require further explanation. The company's plan types align with the definitions found on the Healthcare.gov website.

Warning Alerts

Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM
Inpatient Hospital	Days	197.51	\$5,063.70	\$ 83.34	1.000	0.987	1.052	0.948	177.50	\$ 5,532.71	\$ 81.84
Outpatient Hospital	Services	1,938.80	564.97	91.28	1.000	0.987	1.052	1.035	2,076.89	617.30	106.84
Professional	Services	8,049.74	148.50	99.62	1.000	0.987	1.014	1.018	8,342.13	150.74	104.79
Other Medical	Services	1,028.05	120.64	10.34	1.000	0.987	1.013	1.093	1,228.15	122.22	12.51
Capitation	Benefit Period	12,000.00	5.92	5.92	1.000	0.987	1.082	1.000	12,000.00	6.84	6.84
Prescription Drug	Other	278.99	2,486.85	57.82	1.000	0.987	1.098	1.021	290.83	2,960.00	71.74
Total				\$ 348.31							\$ 384.56

Due to an error in the Unified Rate Review Template, values cannot be less than a 1.0000. Figure A. shows our intentions and true PMPM by service category whereas Figure B. shows the modified exhibit which totals the same PMPM after adjustments to the other, cost, and utilization components.

Medical and Rx Area Factor Demonstration

	Medical Index Rate	Rx Index Rate	Blended Index Rate
Boulder	1.3483	1.2682	1.3323
Colorado Springs	1.2143	1.2817	1.2278
Denver	1.1990	1.4426	1.2477

The blended index rate is a weighted combination of the medical index rate (80%) and the rx index rate (20%). These blended rates are not used in our rating manual or rate data template, but rather an illustration of how these two rates would be combined if Humana was to offer plans on the small business Exchange.

Reliance

I, Paul Roe, ASA, MAAA, relied on information and underlying assumptions provided by internally developed pricing and modeling as well as third party consultant data in the establishment of these rates.

Actuarial Certification

I, Paul Roe, ASA, MAAA, am a Managing Actuary employed by Humana Health Plan. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the Statement of Actuarial Opinion contained herein.

I hereby certify that to the best of my knowledge and judgment and based upon the information presented to me

1. The projected index rate is: \$371.47

- in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).
- developed in compliance with the applicable Actuarial Standards of Practice.
- reasonable in relation to the benefits provided and the population anticipated to be covered
- neither excessive nor deficient.

2. That the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates

3. That the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

4. That the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the certification. For plans where an alternate methodology was used to calculate the AV Metal Value, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 has been included. That certification was signed by a member of the American Academy of Actuaries, where he or she indicated that the values were developed in accordance with generally accepted actuarial principles and methodologies. That certification also includes a reason and a description of the alternate methodology that was used for each applicable plan.

This opinion is qualified, in that the Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Actuary signature:

Date: August 6, 2013

Paul Roe, ASA, MAAA
Managing Actuary



August 6, 2013

Mr. Tom Abel
Supervisor, Rate and Forms Section
Colorado Department of Regulatory Agencies
Denver, CO 80202

**RE: Humana Health Plan
Small Group HMO / NPOS Rate Filing**

Dear Mr. Abel:

This letter compares and explains differences between the attached rate manual and rate template and the original rate manual and rate template submitted on 5/15 for the Humana Health Plan 2014 rate filing. The attached rate manual and rate template address the outstanding issues raised by the Division and makes revisions based on previous conversations and communications with the Division.

1. Index Rates

The attached 8/6 index rates illustrated in TABLE 1 of the rate manual are 2.9% higher than the original index rates submitted on 5/15. The increase in the attached 8/6 index rates was the result of the modification of the risk adjustment factor. The original 5/15 submission assumed a 5.9% projected risk transfer receipt; however in discussions with the Division, Humana was told that the projected risk transfer receipt should be no more than 3.0%. The 2.9% increase to the original index rates accounts for the arithmetic difference between 5.9% and 3.0%.

	5/15 Submission		8/2 Submission		Change	
<u>Date</u>	<u>Medical</u>	<u>Rx</u>	<u>Medical</u>	<u>Rx</u>	<u>Medical</u>	<u>Rx</u>
01/01/2014	327.75	55.65	337.26	57.26	2.9%	2.9%

2. Area Factors

The attached 8/6 area factors included in TABLE 2 are identical to the factors included in the original 5/15 submission.

3. Network Factors

The attached 8/6 network factors included in TABLE 3 are identical to the factors included in the original 5/15 submission.

4. Age Factors

The attached 8/6 age factors included in TABLE 4 are identical to the factors included in the original 5/15 submission.

5. Medical Plan Factor

The attached 8/6 medical plan factors in TABLE 5 include the following revisions.

- The Trad Copay NPOS and Trad Copay HMO plan factors have been revised to embed the carry over credit benefit into the medical plan factor. This change was made based on the objection from the Division regarding the optional riders in the rate manual. Humana agreed to remove the benefit as a rider for Trad Copay NPOS and HMO plans and embed the benefit at an additional cost of 0.56%.
- The Walmart/CVS Rx Plan Benefit Factors have been removed from the rate manual. This includes the removal of the medical plan factors for EHDHP Walmart/CVS NPOS, HDHP Walmart/CVS NPOS, EHDHP Walmart/CVS HMO OA, and HDHP Walmart/CVS HMO OA in TABLE 5 of the rate manual. The Division objected to the use of these factors that were not included in the rate data template and Humana has agreed to remove the plans and plan factors.
- Please note that the Rate Data Template still includes the EHDHP Walmart/CVS NPOS, HDHP Walmart/CVS NPOS, EHDHP Walmart/CVS HMO OA, and HDHP Walmart/CVS HMO OA plans. The Division (via Scott Campbell) has instructed Humana to submit the Plans and Benefits Template that includes all plans shown on the 'Plans' tab. Erin Hermesen, from Humana, sent the Division the plans ID's to remove on July 31st and the Division will need to write a disposition to remove these plans. The table below lists the plans ID's requested to be removed.

Humana Health Plan					
Plan Id's to remove	Plan Name	Plan Id's to remove	Plan Name	Plan Id's to remove	Plan Name
74320CO0390035	EHDHP Walmart/CVS HMO	74320CO0400035	EHDHP Walmart/CVS HMO	74320CO0410035	EHDHP Walmart/CVS NPOS
74320CO0390036	EHDHP Walmart/CVS HMO	74320CO0400036	EHDHP Walmart/CVS HMO	74320CO0410036	EHDHP Walmart/CVS NPOS
74320CO0390037	EHDHP Walmart/CVS HMO	74320CO0400037	EHDHP Walmart/CVS HMO	74320CO0410037	EHDHP Walmart/CVS NPOS
74320CO0390038	EHDHP Walmart/CVS HMO	74320CO0400038	EHDHP Walmart/CVS HMO	74320CO0410038	EHDHP Walmart/CVS NPOS
74320CO0390039	EHDHP Walmart/CVS HMO	74320CO0400039	EHDHP Walmart/CVS HMO	74320CO0410039	EHDHP Walmart/CVS NPOS
74320CO0390040	EHDHP Walmart/CVS HMO	74320CO0400040	EHDHP Walmart/CVS HMO	74320CO0410040	EHDHP Walmart/CVS NPOS
74320CO0390041	EHDHP Walmart/CVS HMO	74320CO0400041	EHDHP Walmart/CVS HMO	74320CO0410041	EHDHP Walmart/CVS NPOS
74320CO0390042	HDHP Walmart/CVS HMO	74320CO0400042	HDHP Walmart/CVS HMO	74320CO0410042	HDHP Walmart/CVS NPOS
74320CO0390043	HDHP Walmart/CVS HMO	74320CO0400043	HDHP Walmart/CVS HMO	74320CO0410043	HDHP Walmart/CVS NPOS
74320CO0390044	HDHP Walmart/CVS HMO	74320CO0400044	HDHP Walmart/CVS HMO	74320CO0410044	HDHP Walmart/CVS NPOS
74320CO0390045	HDHP Walmart/CVS HMO	74320CO0400045	HDHP Walmart/CVS HMO	74320CO0410045	HDHP Walmart/CVS NPOS

In order to avoid an error with the validation of the Templates, these plans were included in the Rate Data Template.

- TABLE 5 was also revised to illustrate the corresponding Rx Plan and Rx Factor. This information was added based on conversations with the Division not being able to determine what Rx plans were tied to each medical plan.

6. Additional Changes

- The Division objected to the composite rating method that was added to the rate manual on 7/23. The composite rating method has been removed from the attached 8/6 rate manual.
- The Division objected to the optional contraceptive rider included in the original 5/15 rate manual. These riders have been removed from the attached 8/6 rate manual.

7. Rate Manual and Rate Data Template

The rates developed using the rating factors in the rate manual have been checked to match the rates in the Rate Data Template submitted in the 8/6 Binder filing.

8. Side-by-Side Rate Comparison

Exhibit A provides a side by side comparison between the original 5/15 submission and the current 8/6 submission of the January 1, 2014 rates for a 20-year old on Plan 74320CO0410001 in Boulder between the original 5/15 submission and the current 8/6 submission. Exhibit A illustrates the changes to the index rate and medical plan factors referenced above between the original 5/15 submission and the current 8/6 submission.

Sincerely,



Mark M. Matzke
Vice President, Risk Management
Humana Small Business
Work: (920) 337-7407
Cell: (920) 227-8293



Paul D. Roe, ASA, MAAA
Managing Actuary
Humana Small Business
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Exhibit A: Side by Side Comparison

Humana Health Plan					
	Initial Filing on 5/15		Final Filing on 08/06		
	Medical	Rx	Medical	Rx	
Index Rate	\$ 327.75	\$ 55.65	\$ 337.26	\$ 57.26	The index rate was increased 2.9% to reflect the change in the projected risk transfer receipt from 5.9% to 3.0%. The 2.9% represents the arithmetic difference of the values.
1/1 Effective Date					
Area Factor	1.5373	1.4460	1.5373	1.4460	The area factor has been revised to reflect the original area factor submitted on 5/15
Boulder Area Factor					
Age Factor	0.6350	0.6350	0.6350	0.6350	The standard federal age curve has not changed.
20 year old					
Medical Plan Factor	0.8058	0.8906	0.8103	0.8906	The medical plan factor has been increased 0.56% to reflect the Carry-Over Credit Rider being embedded into the Copay plans. The Rx medical plan factors have not changed.
74320CO0410001					
Network Factor	1.0000	1.0000	1.0000	1.0000	The network factors have not changed through any revisions of the filing.
NPOS					
Total Premium	\$ 257.81	\$ 45.51	\$ 266.77	\$ 46.82	Total Medical rate increase = 3.5% from initial submission to current. Total Rx rate increase = 2.9% from initial submission to current.
			3.5%	2.9%	
		\$ 303.32		\$ 313.60	
					3.4%

Company Rate Information

Item	Entry	Explanation
Company Rate Change	Increase	Decrease selected, based on "Overall % Indicated Change" entry below
Overall % Indicated Change	0.00%	
Overall % Rate Impact	0.00%	
Written Premium Change for this Program	\$ -	Entry represents the "Overall % Rate Impact" entry above times the "Written Premium for this Program" entry below. This is the impact to our 12 month historical premium based on the requested rating changes.
# of Policy Holders Affected for this Program	0	Entry is number of SG subscribers active with HMO/NPOS benefit plans on 03/31/2013.
Written Premium for this Program	\$ -	Given entry is the earned premium for the 12 month period ending 03/31/2013
Maximum % Change (where required)	0.00%	
Minimum % Change (where required)	0.00%	

Product Types:

Product Types:
Number of Policy Holders:
Number of Covered Lives:

HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other

Rate Review Detail

Item
HHS Issuer ID
Product Names
Trend Factors

Entry
95885
CO HMOx 14, CO HMO Premier 14
Annual trend of 7.0%, applied monthly

Trend is built using a Provider Pricing Index (Impact of Pricing Changes), Utilization, Baseline Mix of Services (Severity Adjustment), and Other (Management Initiatives) over the major service categories (Inpatient, Outpatient, Physician, Capitation, Pharmacy, and Other)

Other Affected Forms

CHMO 2004-P 01/14, CHMO 2004-C, CC2003-P, CC2003-C, CO CHMOM-P, CO CHMOM-C, CHMO SAR, CHMO VIS, CHMO 24HR

Change Period		Annual	Groups are given rates for a 12-month period
Member Months		0	Based on the most recent available, yet credible, 12 month experience period, Feb 12-Jan13 for SG HMO/NPOS business issued in CO.
Benefit Change		Neutral	

Min		0.0%	Put in entry matching "Minimum % Change" from Company Rate Information data collection section
Max		0.0%	Put in entry matching "Maximum % Change" from Company Rate Information data collection section
Weighted Avg		0.0%	Put in entry matching "Overall % Rate Impact" from Company Rate Information data collection section

Total Earned Premium		0	Based on the most recent available, yet credible (allowing 2 months of claims runoff), 12 month experience period, Feb12-Jan13 for SG HMO/NPOS business.
Total Incurred Claims		0	Incurred benefit costs on the most recent available, yet credible (allowing 2 months of claims runoff), 12 month experience period, Feb12-Jan13 for SG HMO/NPOS business.
Annual \$ [PMPM]:	Min	\$0.00	From a snapshot of January 2013 earned premium, the minimum value among all PMPM values at the group+product level.
	Max	\$0.00	From a snapshot of January 2013 earned premium, the maximum value among all PMPM values at the group+product level.
	Weighted Avg	\$0.00	Total earned premium divided by member months for the period Feb12-Jan13.

Humana Simplicity HMO 14

Colorado

How the plan works: Humana Simplicity HMO is a health plan that lets you take advantage of care arranged by the primary care physician you select from Humana's network of providers. When you or a covered member uses your plan for in-network healthcare services, you pay a copayment (a specified dollar amount) for that service – there's no deductible. The medical copayment applies towards the out-of-pocket maximum, which is the amount you are required to pay toward the covered cost of your healthcare. The out-of-pocket maximum amount is calculated on a calendar year basis, and does include pharmacy copayment amounts.

Network: Colorado HMOx is a health plan that lets you take advantage of care arranged by the primary care physician you select from Humana's network of in-network providers in the region. Colorado HMOx offers access to 11 contracted hospitals and more than 3,000 contracted providers. Your personal physician provides your primary care and refers you to specialists when appropriate.

Member copay to IN-NETWORK providers

Services	Option 1	Option 2	Option 3
<ul style="list-style-type: none"> Preventive services Physician services for inpatient/outpatient hospital, emergency and surgical Laboratory and radiology Injections (including allergy) 	\$0 copay	\$0 copay	\$0 copay
<ul style="list-style-type: none"> Office visit with primary care physician Outpatient and office therapy for mental health, serious mental illness, chemical and alcohol dependency 	\$30 copay per visit	\$45 copay per visit	\$50 copay per visit
<ul style="list-style-type: none"> Office visit with specialty physician Home health care Manipulations, adjustments, physical, occupational, cognitive, speech and audiology therapy (combined limit to 60 visits per calendar year) Urgent care with a Concentra physician 	\$55 copay per visit	\$85 copay per visit	\$100 copay per visit
<ul style="list-style-type: none"> Skilled nursing facility (limited to 100 days per calendar year) Urgent care with a non-Concentra physician 	\$55 copay per day	\$85 copay per day	\$100 copay per day
<ul style="list-style-type: none"> Emergency room facility (copay waived if admitted) Advanced imaging Ambulance transportation 	\$250 copay per visit	\$500 copay per visit	\$600 copay per visit
<ul style="list-style-type: none"> Ambulatory surgical facility Outpatient hospital surgical facility and non-surgical facility 	\$350 copay per visit	\$1,000 copay per visit	\$1,500 copay per visit
<ul style="list-style-type: none"> Inpatient hospital services Inpatient hospital services for mental health, serious mental illness, chemical and alcohol dependency 	\$350 copay per day for first three days	\$1,000 copay per day for first three days	\$1,500 copay per day for first three days

Services		Option 1	Option 2	Option 3
Additional plan information				
In-network out-of-pocket maximum –	Individual	\$6,400	\$6,400	\$6,400
	Family	\$12,800	\$12,800	\$12,800

Prescription drug coverage

Rx4: You can purchase prescriptions at retail pharmacies, or the plan also offers the convenience of mail order. Most prescription drugs are assigned to one of four levels with corresponding copayment amounts or a discount. Detailed drug lists are available at **Humana.com** for each pharmacy plan and level.

	Level 1	Level 2	Level 3	Level 4	
Select one plan	\$10 copay	\$35 copay	\$55 copay	25% drug cost	Mail Order (up to 90 day supply) 2.5 times the retail copayment
Retail (30 day supply)	\$10 copay	\$40 copay	\$70 copay	25% drug cost	
	\$10 copay	\$45 copay	\$90 copay	25% drug cost	

Specialty drugs obtained at an in-network pharmacy (30 day supply) – members pay 25% of the drug cost through preferred pharmacies like *RightSourceRx Specialty*. Your cost at other network specialty drug pharmacies is 35% of the drug cost. Go to **RightSourceRx.com/specialty** for more information.

Don't forget to ask for generics. If you use a brand-name medicine when there's a generic available, you will pay the generic copayment plus the difference in cost between the brand and generic. If your doctor believes that the brand is medically necessary and specifies dispense as written on the prescription, you will only pay the applicable copayment.

National Pharmacy Provider Network - Over 64,000 pharmacies across the country. The network includes all national chains, major regional chains, and more than 25,000 independent pharmacies.

Offered by Humana Health Plan, Inc.

This plan imposes a pre-existing condition exclusion. This is not a complete disclosure of plan qualifications and limitations. Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify, or terminate your coverage. This guide is available at www.disclosure.humana.com or through your sales representative. Premiums and benefits vary based on the plan selected.



Humana.com

ACTUARIAL MEMORANDUM

Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template and table General filing requirements, Actuarial Certification requirements, and submission requirements are identified in Section 5 of Colorado Regulation without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.

Company:	Humana Health Plan
NAIC #:	95885
SERFF Filing #:	128990602
SERFF Binder Filing #:	N/A

A: SUMMARY

1. Reason(s):	This is a new rate filing.
2. Requested Rate Action:	This filing has been prepared to request approval of 2014 Index Rates and ACA compliant products.
3. Marketing method(s):	Agency/Broker
4. Premium Classification(s):	Premiums are defined by the group characteristics, product benefits, network, and location based on the eleven prescribed regions.
5. Product Description(s):	All NPOS and Open Access HMO Products. There are no substitutions or additional benefits above the EHB. Please see Exhibit II for a summary of products.
6. Policy/Rider Impacted:	N/A
7. Age Basis:	Premiums are charged based on age at renewal.
8. Renewability provision:	All policies are guaranteed renewable at a date one year from when coverage began except only when a group has been terminated for non payment or fraud.
Additional Information:	

B. ASSUMPTION, MERGER OR ACQUISITION

1. Is product part of assumption, acquisition, or merger (from or with another company)?	No
Assumption:	No
Acquisition:	No
Merger:	No
2. If yes, provide name of company(s):	N/A
3. Closing Date of assumption, merger or acquisition:	N/A
Additional Information:	

C. RATING PERIOD

Proposed Effective Date: (may not say "upon approval")	01/01/2014
Rating Period:	Annual
Rating Period Dates:	01/01/2014 to 12/31/2014

D. EFFECT OF LAW CHANGES

Identify and quantify changes resulting from mandated benefits and other law changes:	The percent of claims represented by newly added benefits which are Essential Health Benefits is 0.91% which is comprised of the following services: Pediatric dental/vision (0.59%), Oral surgery for bony teeth and necessary orthodontia (0.07%), Private duty nursing (0.2%), and Chiropractic therapies (0.05%).
Additional Information:	Description of Change related to PPACA, Rate Impact Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19 0%

E. RATE HISTORY

Provide rate changes made in at least the last three years (If available)	N/A
N/A (Initial Filing)	

F: COORDINATION OF BENEFITS		
Provides actual loss experience net of any savings:	N/A	
Additional Information:		
G. RELATIONSHIP OF BENEFITS TO PREMIUM		
Description	Percentage	
Commissions	5.30%	
General expenses	8.11%	
Premium taxes	0.44%	
Profit/Contingencies	2.20%	
PPACA Fees	3.95%	
Exchange Fees	0.00%	
Investment Income	0.00%	
Other		
Total Retention:	20%	
Targeted Loss Ratio:	80%	
H. PROVISION FOR PROFIT AND CONTINGENCIES		
1. Provision for Profit and Contingencies:	%	Pre-FIT After tax
		2.2%
2. Proposed load in excess of 7% after tax.		0.0%
Provide detailed support:		
Additional Information:	Investment income has been considered in the rate making process and is used as a contingency margin in areas where HHP has been unable to achieve a 2.2% profit margin	
I. DETERMINATION OF PROPOSED RATES		
Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis. (this can be attached with support in a pdf document)		
1. Explain, in detail, how rates and/or rate changes were developed:	The estimated index rate is calculated as the average claims PMPM amount, adjusted for expected risk adjustment transfer. Quarterly trend is applied on a quarterly basis, therefore there will be a new index rate every three months.	
2. Provide adequate support for all assumptions and methodologies used:	Please see the Unified Rate Review Template for details.	
J. TREND		
Additional support and information must be provided on the "Historical Trend" and "Normalized Trend" tabs		
Itemized trend component	Trend (%)	
MEDICAL TREND (total)		
Medical provider price increase		
Utilization changes		
Medical cost shifting		
Medical procedures and new technology		
INSURANCE TREND (total)		
Underwriting wearoff		
Deductible leveraging		
Anti-selection		
PHARMACEUTICAL TREND (total)		
Price increases		
Utilization changes		
Cost shifting		
Introduction of new brand and generic drugs		
TOTAL AVERAGE ANNUALIZED TREND (required)	7.00%	
Additional information:		
K. CREDIBILITY		

1. Credibility Percentage (Colorado Only):	100% If other, please specify
The above credibility percentage is based upon:	<input checked="" type="checkbox"/> Life Years <input type="checkbox"/> Claims
Other (please specify)	
2. Number of years of data used to calculate above credibility percentage:	1
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.	N/A
Additional Information: (including collateral data, if used)	Non-grandfathered HHP small group block Humana had 121,277 member months in the experience period, which is a sufficient block to be fully credible based on Colorado's definition of credibility based on 2,000 life years.
L. DATA REQUIREMENTS	
	Complete tab "Data Requirements"
M. SIDE-BY-SIDE COMPARISON	
	Complete tab "Side by Side Comparison"
N. BENEFITS RATIO PROJECTIONS	
	Complete tab "Projected Benefits Ratio"
O. OTHER FACTORS	
Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	Age Factors - The prescribed standardized factors as mandated by the federal government were used.
	Area Factors - The area factors utilize the eleven standardized geographic regions set forth by the state of Colorado. Humana assumed the distribution of business through geographical areas would remain the same as in the base experience period. A review of unit cost and provider practice patterns was completed with the variance of the regions being embedded with the area rating factors.
Additional Information:	Network Factors - The network factors reflect the estimated cost differences between differences in utilization management, reimbursement levels, and discounts between provider networks.

II. DATA REQUIREMENTSColorado-only basis for at least 3 years. **Include** national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed effective date.

COLORADO								
Year*	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	\$ 9,253,342	\$ 7,327,122	\$ 7,327,122	\$ -	79.2%	2,326	285,962	\$ 10,605,213
2011	\$ 26,963,201	\$ 19,621,636	\$ 19,621,636	\$ -	72.8%	6,713	582,032	\$ 28,786,587
2012	\$ 41,037,551	\$ 31,752,961	\$ 31,371,925	\$ 381,036	77.4%	9,826	861,443	\$ 41,037,551
01/2013-01/2013	\$ 3,983,659	\$ 2,466,617	\$ 2,264,354	\$ 202,263	61.9%	11,061	70,659	NA

*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY

Above data is for:	N/A	
	Existing Product	
	Comparable Product <input checked="" type="checkbox"/>	
	Other _____ (please specify)	

OTHER DATA						
Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Average Covered Lives	Number of Claims
2010						
2011						
2012						
2013						
Above data is for: <input type="checkbox"/>	N/A					
	Existing Product					
	Comparable Product					
	National					
	Other (please specify)					
Experience Period: (From <input type="text"/> to <input type="text"/>)						
Additional Information:						

M. SIDE-BY-SIDE COMPARISON				N/A			
If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.							
Description		Current Rate/ Rating Factor/ Rating Variable		Proposed Rate/ Rating Factor/Rating Variable		Percentage Increase/ Decrease	
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:		The side-by-side comparison has been attached as Exhibit I.					
Description and detailed support for new rating factor(s):							
Additional Information:							

N. PROJECTED EXPERIENCE FOR RATING PERIOD			
	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	\$ 61,867,607	\$ 50,308,574	81.3%
Projected Experience With Rate Change	\$ 61,222,190	\$ 49,224,723	80.4%
Additional Information	1-50 HHP Only		

			Medical		Pharmacy		Medical	Pharmacy	Total
			Total	Estimated	Total	Estimated	12-Month	12-Month	12-Month
Row #	Month	Members	Incurred Claims	IBNR Claims	Incurred Claims	IBNR Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	Feb-09								
2	Mar-09								
3	Apr-09								
4	May-09								
5	Jun-09								
6	Jul-09								
7	Aug-09								
8	Sep-09								
9	Oct-09								
10	Nov-09								
11	Dec-09								
12	Jan-10	913	\$206,460	\$0	\$35,142	\$0			
13	Feb-10	649	\$92,413	\$0	\$25,191	\$0			
14	Mar-10	53	\$27,447	\$0	\$2,290	\$0			
15	Apr-10	691	\$103,970	\$0	\$13,469	\$0			
16	May-10	1,359	\$231,643	\$0	\$47,730	\$0			
17	Jun-10	2,113	\$526,945	\$0	\$76,246	\$0			
18	Jul-10	2,689	\$1,204,351	\$0	\$106,007	\$0			
19	Aug-10	3,217	\$850,350	\$0	\$134,310	\$0			
20	Sep-10	3,538	\$954,107	\$0	\$150,003	\$0			
21	Oct-10	3,807	\$964,131	\$0	\$167,085	\$0			
22	Nov-10	4,112	\$818,063	\$0	\$171,477	\$0			
23	Dec-10	4,771	\$1,347,243	\$0	\$226,671	\$0			
24	Jan-11	5,581	\$999,266	\$139	\$195,515	\$0	\$262.51	\$41.40	\$303.91
25	Feb-11	5,654	\$1,160,998	\$171	\$202,342	\$0	\$249.23	\$40.39	\$289.62
26	Mar-11	6,107	\$1,463,068	\$268	\$227,525	\$0	\$244.47	\$39.73	\$284.20
27	Apr-11	6,352	\$1,054,709	\$271	\$227,321	\$0	\$243.46	\$39.38	\$282.83
28	May-11	6,453	\$2,001,356	\$305	\$281,304	\$0	\$234.78	\$39.19	\$273.98
29	Jun-11	6,662	\$1,510,411	\$452	\$304,787	\$23	\$245.33	\$39.82	\$285.15
30	Jul-11	6,708	\$1,727,440	\$579	\$276,197	\$20	\$243.08	\$40.62	\$283.70
31	Aug-11	6,847	\$1,640,721	\$834	\$292,947	\$47	\$235.87	\$40.73	\$276.61
32	Sep-11	7,232	\$1,666,271	\$907	\$390,066	\$64	\$234.89	\$40.89	\$275.78
33	Oct-11	7,298	\$1,971,834	\$1,179	\$335,110	\$53	\$232.67	\$42.16	\$274.83
34	Nov-11	7,629	\$1,821,784	\$1,719	\$354,689	\$59	\$235.32	\$42.44	\$277.76
35	Dec-11	8,033	\$2,603,777	\$2,589	\$364,794	\$58	\$237.60	\$42.88	\$280.48
36	Jan-12	8,931	\$2,584,933	\$3,101	\$328,504	\$51	\$243.58	\$42.86	\$286.44
37	Feb-12	9,132	\$2,991,557	\$4,647	\$387,957	\$63	\$252.75	\$42.73	\$295.48
38	Mar-12	9,271	\$2,750,489	\$5,678	\$412,777	\$66	\$263.64	\$43.16	\$306.80
39	Apr-12	9,577	\$2,546,601	\$13,676	\$464,878	\$77	\$268.65	\$43.69	\$312.34
40	May-12	9,734	\$2,651,995	\$19,377	\$451,592	\$73	\$275.32	\$44.73	\$320.04
41	Jun-12	9,752	\$2,242,611	\$14,235	\$430,509	\$69	\$272.71	\$44.97	\$317.68
42	Jul-12	9,747	\$2,118,864	\$11,412	\$423,355	\$104	\$271.61	\$44.84	\$316.44
43	Aug-12	9,944	\$2,395,603	\$18,694	\$454,520	\$158	\$267.40	\$44.94	\$312.34
44	Sep-12	10,238	\$2,470,146	\$21,149	\$436,818	\$194	\$266.71	\$45.15	\$311.87
45	Oct-12	10,469	\$3,026,613	\$45,362	\$516,273	\$417	\$266.73	\$44.34	\$311.07
46	Nov-12	10,526	\$3,026,578	\$69,919	\$498,834	\$493	\$268.59	\$44.70	\$313.29
47	Dec-12	10,588	\$2,946,869	\$149,066	\$539,944	\$659	\$272.29	\$44.83	\$317.12
48	Jan-13	11,061	\$2,466,617	\$202,344	\$420,358	\$704	\$269.30	\$45.34	\$314.64

			Medical		Pharmacy		One Year Trends		
Start Month	End Month	Members Months	Total Incurred Claims	Estimated IBNR Claims	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
Feb-09	Jan-10	913	206,460	0	35,142	0			
Feb-10	Jan-11	32,580	8,119,928	139	1,315,994	0			
Feb-11	Jan-12	83,906	21,207,303	12,375	3,585,586	376			
Feb-12	Jan-13	120,039	31,634,543	575,559	5,437,815	3,076			

			Medical	Pharmacy	Medical	Pharmacy	Total
			Normalized	Normalized	12-Month	12-Month	12-Month
Row #	Month	Members	Incurred Claims	Incurred Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	Feb-09						
2	Mar-09						
3	Apr-09						
4	May-09						
5	Jun-09						
6	Jul-09						
7	Aug-09						
8	Sep-09						
9	Oct-09						
10	Nov-09	Data Available Quarterly PMPM					
11	Dec-09						
12	Jan-10	913	\$247	\$50			
13	Feb-10	649	\$247	\$50			
14	Mar-10	53	\$247	\$50			
15	Apr-10	691	\$262	\$52			
16	May-10	1,359	\$262	\$52			
17	Jun-10	2,113	\$262	\$52			
18	Jul-10	2,689	\$290	\$54			
19	Aug-10	3,217	\$290	\$54			
20	Sep-10	3,538	\$290	\$54			
21	Oct-10	3,807	\$309	\$60			
22	Nov-10	4,112	\$309	\$60			
23	Dec-10	4,771	\$309	\$60			
24	Jan-11	5,581	\$274	\$57	\$ 292	\$ 56	\$ 348
25	Feb-11	5,654	\$274	\$57	\$ 290	\$ 56	\$ 346
26	Mar-11	6,107	\$274	\$57	\$ 288	\$ 56	\$ 345
27	Apr-11	6,352	\$279	\$60	\$ 286	\$ 56	\$ 343
28	May-11	6,453	\$279	\$60	\$ 286	\$ 57	\$ 343
29	Jun-11	6,662	\$279	\$60	\$ 285	\$ 57	\$ 343
30	Jul-11	6,708	\$311	\$62	\$ 285	\$ 58	\$ 343
31	Aug-11	6,847	\$311	\$62	\$ 288	\$ 58	\$ 346
32	Sep-11	7,232	\$311	\$62	\$ 290	\$ 59	\$ 349
33	Oct-11	7,298	\$304	\$62	\$ 292	\$ 60	\$ 352
34	Nov-11	7,629	\$303	\$64	\$ 293	\$ 60	\$ 353
35	Dec-11	8,033	\$303	\$64	\$ 293	\$ 60	\$ 353
36	Jan-12	8,931	\$343	\$61	\$ 293	\$ 61	\$ 353
37	Feb-12	9,132	\$343	\$61	\$ 299	\$ 61	\$ 360
38	Mar-12	9,271	\$343	\$61	\$ 306	\$ 61	\$ 367
39	Apr-12	9,577	\$298	\$62	\$ 312	\$ 62	\$ 373
40	May-12	9,734	\$298	\$62	\$ 313	\$ 62	\$ 374
41	Jun-12	9,752	\$298	\$62	\$ 313	\$ 62	\$ 375
42	Jul-12	9,747	\$290	\$60	\$ 314	\$ 62	\$ 376
43	Aug-12	9,944	\$290	\$60	\$ 312	\$ 62	\$ 374
44	Sep-12	10,238	\$290	\$60	\$ 310	\$ 61	\$ 372
45	Oct-12	10,469	\$318	\$65	\$ 308	\$ 61	\$ 370
46	Nov-12	10,526	\$318	\$65	\$ 309	\$ 62	\$ 371
47	Dec-12	10,588	\$318	\$65	\$ 311	\$ 62	\$ 372
48	Jan-13	11,061	\$357	\$61	\$ 312	\$ 62	\$ 374

One Year Trends							
Start Month	End Month	Members Months	Medical Total Incurred Claims	Pharmacy Total Incurred Claims	Medical Trend	Pharmacy Trend	Total Trend
Feb-09	Jan-10	913	225,445	45,732			
Feb-10	Jan-11	32,580	9,445,002	1,832,119			
Feb-11	Jan-12	83,906	25,125,609	5,114,494			
Feb-12	Jan-13	120,039	37,660,101	7,415,626			

Projected Index Rate

The initial 2014 index rate is calculated as the projected allowed claims PMPM amount of \$396.92, with a Non-EHB adjustment of -.079%. For 01/14, the index rate is \$383.40. This is the allowed claims PMPM of \$396.61 with trend of 7% backed out to January so the 2014 midpoint PMPM (07/2014 index rate) is equal to the allowed claims PMPM. Quarterly trend of 1.7% is applied on a quarterly basis thereafter for the rest of the projection period. The allowed claims PMPM is a one-time starting point for index rates going forward.

Medical Index Rates	Rx Index Rates	Total Index Rates	Trend 7% (Quarterly)	Final Total Index Rates
327.75	55.65	383.40	383.42	383.42
327.75	55.65	383.40		383.42
327.75	55.65	383.40	-1.07^(1/4)	383.42
333.34	56.60	389.94	389.95	389.95
333.34	56.60	389.94		389.95
333.34	56.60	389.94	-1.07^(1/4)	389.95
339.04	57.57	396.61	396.61	396.61
339.04	57.57	396.61	+1.07^(1/4)	396.61
339.04	57.57	396.61		396.61
344.81	58.55	403.36	403.37	403.37
344.81	58.55	403.36		403.37
344.81	58.55	403.36		403.37

Gen14, Series 1													
	Product Type	Tier	HHS AV%	Coins	Ded	OOP	IP Copay	OP Copay	PCP/MH	SPC	ER	AI	RX
1	Simplicity	Gold	78.3%	100%	0	6350	350	350	30	55	250	250	Rx4 10/35/55/25%
2	Simplicity	Silver	71.9%	100%	0	6350	1000	1000	50	90	500	400	Rx4 10/45/90/25%
3	Simplicity	Silver	70.4%	100%	0	6350	1500	1500	50	100	600	400	Rx4 10/40/70/25%

Gen14, Series 2													
	Product Type	Tier	HHS AV%	Coins	Ded	OOP	IP Copay	OP Copay	PCP/MH	SPC	ER	AI	RX
1	Trad Copay	Gold	79.6%	100%	500	4000	ded/c	ded/c	25	40	250	ded/c	Rx4 10/30/50/25%
2	Trad Copay	Gold	78.2%	100%	1000	4000	ded/c	ded/c	25	40	250	ded/c	Rx4 10/30/50/25%
3	Trad Copay	Silver	71.6%	100%	1500	6350	ded/c	ded/c	30	65	250	ded/c	Rx4 10/45/70/25%
4	Trad Copay	Silver	71.7%	100%	2000	6350	ded/c	ded/c	30	60	300	ded/c	Rx4 10/35/55/25%
5	Trad Copay	Silver	71.4%	100%	2000	5000	ded/c	ded/c	35	55	300	ded/c	Rx4 10/45/90/25% 100 ded
6	Trad Copay	Silver	71.9%	90%	1500	6350	ded/c	ded/c	30	80	500	ded/c	Rx4 10/45/90/25% 100 ded
7	Trad Copay	Silver	71.6%	90%	2000	6350	ded/c	ded/c	30	75	350	ded/c	Rx4 10/45/90/25%
8	Trad Copay	Gold	80.7%	80%	500	4000	ded/c	ded/c	25	40	250	ded/c	Rx4 10/30/50/25%
9	Trad Copay	Gold	79.0%	80%	1000	4000	ded/c	ded/c	25	40	250	ded/c	Rx4 10/30/50/25%
10	Trad Copay	Silver	72.0%	80%	1500	5000	ded/c	ded/c	40	65	500	ded/c	Rx4 10/45/75/25% 100 ded
11	Trad Copay	Silver	71.0%	80%	2000	6350	ded/c	ded/c	30	75	350	ded/c	Rx4 10/45/75/25%
12	Trad Copay	Silver	70.9%	80%	2000	6350	ded/c	ded/c	30	75	350	ded/c	Rx4 10/35/70/25% 250 ded
13	Trad Copay	Silver	71.6%	80%	2000	5000	ded/c	ded/c	45	70	500	ded/c	Rx4 10/35/50/25% 100 ded
14	Trad Copay	Gold	78.3%	70%	1000	4000	ded/c	ded/c	20	45	250	ded/c	Rx4 10/30/50/25%
15	Trad Copay	Silver	69.6%	70%	2000	6350	ded/c	ded/c	35	60	350	ded/c	Rx4 10/45/75/25% 100 ded
16	Trad Copay	Silver	70.3%	70%	2000	6350	ded/c	ded/c	40	70	350	ded/c	Rx4 10/35/55/25% 250 ded
17	Trad Copay	Silver	69.3%	60%	2000	6350	ded/c	ded/c	30	60	350	ded/c	Rx4 10/45/75/25% 100 ded
18	Trad Copay	Silver	71.0%	60%	2000	6350	ded/c	ded/c	35	55	350	ded/c	Rx4 10/35/75/25%
19	Trad Copay	Silver	68.8%	60%	2000	6350	ded/c	ded/c	40	70	500	ded/c	Rx4 10/40/70/25% 250 ded
20	Trad Copay	Silver	71.4%	50%	2000	6350	ded/c	ded/c	25	40	350	ded/c	Rx4 10/35/75/25%
21	Trad Copay	Silver	69.8%	50%	2000	6350	ded/c	ded/c	30	75	500	ded/c	Rx4 10/30/50/25% 100 ded
22	Trad Copay	Silver	69.0%	50%	2000	6350	ded/c	ded/c	35	60	350	ded/c	Rx4 10/45/75/25% 100 ded
23	Trad Copay	Silver	68.6%	50%	2000	6350	ded/c	ded/c	40	70	500	ded/c	Rx4 10/40/70/25% 250 ded

Gen14, Series 3													
	Product Type	Tier	HHS AV%	Coins	Ded	OOP	IP Copay	OP Copay	PCP/MH	SPC	ER	AI	RX
1	HDHP	Gold	80.1%	100%	1750	1750	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
2	EHDHP	Gold	78.8%	100%	2000	2000	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
3	HDHP	Bronze	60.0%	100%	5500	5500	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
4	HDHP	Silver	71.6%	90%	2500	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
5	EHDHP	Bronze	60.1%	90%	5000	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
6	HDHP	Silver	70.9%	80%	1500	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
7	EHDHP	Silver	68.6%	80%	2000	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
8*	Coins	Silver	70.4%	80%	2000	5000	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	Rx4 10/45/90/25%
9	HDHP	Bronze	61.7%	80%	4000	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
10	EHDHP	Bronze	61.5%	80%	4000	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
11	EHDHP	Bronze	59.3%	80%	5000	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
12	EHDHP	Silver	68.2%	70%	1500	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
13	Coins	Silver	70.9%	70%	1500	5000	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	Rx4 10/45/90/25%
14	EHDHP	Bronze	61.6%	70%	3500	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
15	Coins	Bronze	61.5%	70%	5000	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	Rx4 10/45/90/25% 100 ded

*** All options will be available with HMO networks as well as with an optional select pharmacy network

* Use for Indemnity Product

Humana Health Plan - Side by Side Comparison

Exhibit I.

Medical Index Rates for CO Small Group Business

<u>Date</u>	<u>Current Index Rate</u>	<u>Proposed Rate</u>	<u>% Change From Current</u>	<u>% Monthly Change</u>
01/01/2014	NA	337.26	NA	NA
02/01/2014	NA	337.26	NA	0.0%
03/01/2014	NA	337.26	NA	0.0%
04/01/2014	NA	343.01	NA	1.7%
05/01/2014	NA	343.01	NA	0.0%
06/01/2014	NA	343.01	NA	0.0%
07/01/2014	NA	348.87	NA	1.7%
08/01/2014	NA	348.87	NA	0.0%
09/01/2014	NA	348.87	NA	0.0%
10/01/2014	NA	354.81	NA	1.7%
11/01/2014	NA	354.81	NA	0.0%
12/01/2014	NA	354.81	NA	0.0%

Rx Index Rates for CO Small Group Business

<u>Date</u>	<u>Current Index Rate</u>	<u>Proposed Rate</u>	<u>% Change From Current</u>	<u>% Monthly Change</u>
01/01/2014	NA	57.26	NA	NA
02/01/2014	NA	57.26	NA	0.0%
03/01/2014	NA	57.26	NA	0.0%
04/01/2014	NA	58.24	NA	1.7%
05/01/2014	NA	58.24	NA	0.0%
06/01/2014	NA	58.24	NA	0.0%
07/01/2014	NA	59.24	NA	1.7%
08/01/2014	NA	59.24	NA	0.0%
09/01/2014	NA	59.24	NA	0.0%
10/01/2014	NA	60.25	NA	1.7%
11/01/2014	NA	60.25	NA	0.0%
12/01/2014	NA	60.25	NA	0.0%

Medical Plan Benefit Factors

Product Type	Coins	PCP Copay	Par Ded	Par OOP	Current Factor	Revised Factor	% Change
Trad Copay NPOS	100/70	25	500	4000	NA	0.8103	NA
Trad Copay NPOS	100/70	25	1000	4000	NA	0.7473	NA
Trad Copay NPOS	100/70	30	1500	6350	NA	0.6700	NA
Trad Copay NPOS	100/70	30	2000	6350	NA	0.6306	NA
Trad Copay NPOS	100/70	35	2000	5000	NA	0.6401	NA
Trad Copay NPOS	90/60	30	1500	6350	NA	0.6145	NA
Trad Copay NPOS	90/60	30	2000	6350	NA	0.5899	NA
Trad Copay NPOS	80/50	25	500	4000	NA	0.6386	NA
Trad Copay NPOS	80/50	25	1000	4000	NA	0.5938	NA
Trad Copay NPOS	80/50	40	1500	5000	NA	0.5326	NA
Trad Copay NPOS	80/50	30	2000	6350	NA	0.4969	NA
Trad Copay NPOS	80/50	30	2000	6350	NA	0.4969	NA
Trad Copay NPOS	80/50	45	2000	5000	NA	0.5065	NA
Trad Copay NPOS	70/50	20	1000	4000	NA	0.5633	NA
Trad Copay NPOS	70/50	35	2000	6350	NA	0.4715	NA
Trad Copay NPOS	70/50	40	2000	6350	NA	0.4650	NA
Trad Copay NPOS	60/50	30	2000	6350	NA	0.4483	NA
Trad Copay NPOS	60/50	35	2000	6350	NA	0.4455	NA
Trad Copay NPOS	60/50	40	2000	6350	NA	0.4402	NA
Trad Copay NPOS	50/50	25	2000	6350	NA	0.4059	NA
Trad Copay NPOS	50/50	30	2000	6350	NA	0.3925	NA
Trad Copay NPOS	50/50	35	2000	6350	NA	0.3995	NA
Trad Copay NPOS	50/50	40	2000	6350	NA	0.3938	NA
EHDHP NPOS	100/70	0	2000	2000	NA	0.8766	NA
EHDHP NPOS	90/60	0	5000	6350	NA	0.5714	NA
EHDHP NPOS	80/50	0	2000	6350	NA	0.6548	NA
EHDHP NPOS	80/50	0	4000	6350	NA	0.5232	NA
EHDHP NPOS	80/50	0	5000	6350	NA	0.4870	NA
EHDHP NPOS	70/50	0	1500	6350	NA	0.6335	NA
EHDHP NPOS	70/50	0	3500	6350	NA	0.5175	NA
HDHP NPOS	100/70	0	1750	1750	NA	0.8937	NA
HDHP NPOS	100/70	0	5500	5000	NA	0.5615	NA
HDHP NPOS	80/50	0	1500	6350	NA	0.6888	NA
HDHP NPOS	80/50	0	4000	6350	NA	0.5081	NA
Simplicity NPOS	100/70	30	0	6350	NA	0.6533	NA
Simplicity NPOS	100/70	50	0	6350	NA	0.4725	NA
Simplicity NPOS	100/70	50	0	6350	NA	0.3975	NA
Coins NPOS	80/50	0	2000	5000	NA	0.5046	NA

Humana Health Plan - Side by Side Comparison
Exhibit I.

Coins NPOS	70/50	0	1500	5000	NA	0.5001	NA
Coins NPOS	70/50	0	5000	6350	NA	0.3634	NA
Trad Copay HMO	100/0	25	500	4000	NA	0.7806	NA
Trad Copay HMO	100/0	25	1000	4000	NA	0.7227	NA
Trad Copay HMO	100/0	30	1500	6350	NA	0.6501	NA
Trad Copay HMO	100/0	30	2000	6350	NA	0.6122	NA
Trad Copay HMO	100/0	35	2000	5000	NA	0.6207	NA
Trad Copay HMO	90/0	30	1500	6350	NA	0.5951	NA
Trad Copay HMO	90/0	30	2000	6350	NA	0.5718	NA
Trad Copay HMO	80/0	25	500	4000	NA	0.6127	NA
Trad Copay HMO	80/0	25	1000	4000	NA	0.5716	NA
Trad Copay HMO	80/0	40	1500	5000	NA	0.5140	NA
Trad Copay HMO	80/0	30	2000	6350	NA	0.4811	NA
Trad Copay HMO	80/0	30	2000	6350	NA	0.4811	NA
Trad Copay HMO	80/0	45	2000	5000	NA	0.4886	NA
Trad Copay HMO	70/0	20	1000	4000	NA	0.5409	NA
Trad Copay HMO	70/0	35	2000	6350	NA	0.4552	NA
Trad Copay HMO	70/0	40	2000	6350	NA	0.4483	NA
Trad Copay HMO	60/0	30	2000	6350	NA	0.4322	NA
Trad Copay HMO	60/0	35	2000	6350	NA	0.4293	NA
Trad Copay HMO	60/0	40	2000	6350	NA	0.4239	NA
Trad Copay HMO	50/0	25	2000	6350	NA	0.3907	NA
Trad Copay HMO	50/0	30	2000	6350	NA	0.3769	NA
Trad Copay HMO	50/0	35	2000	6350	NA	0.3840	NA
Trad Copay HMO	50/0	40	2000	6350	NA	0.3783	NA
EHDHP HMO	100/0	0	2000	2000	NA	0.8656	NA
EHDHP HMO	90/0	0	5000	6350	NA	0.5590	NA
EHDHP HMO	80/0	0	2000	6350	NA	0.6413	NA
EHDHP HMO	80/0	0	4000	6350	NA	0.5087	NA
EHDHP HMO	80/0	0	5000	6350	NA	0.4719	NA
EHDHP HMO	70/0	0	1500	6350	NA	0.6178	NA
EHDHP HMO	70/0	0	3500	6350	NA	0.5029	NA
HDHP HMO	100/0	0	1750	1750	NA	0.8830	NA
HDHP HMO	100/0	0	5500	5000	NA	0.5536	NA
HDHP HMO	80/0	0	1500	6350	NA	0.6752	NA
HDHP HMO	80/0	0	4000	6350	NA	0.4945	NA
Simplicity HMO	100/0	30	0	6350	NA	0.6403	NA
Simplicity HMO	100/0	50	0	6350	NA	0.4512	NA
Simplicity HMO	100/0	50	0	6350	NA	0.3729	NA
Coins HMO	80/0	0	2000	5000	NA	0.4891	NA
Coins HMO	70/0	0	1500	5000	NA	0.4833	NA
Coins HMO	70/0	0	5000	6350	NA	0.3492	NA

Rx Plan Benefit Factors

Description	Current Factor	Revised Factor	% Change
Rx4 10/35/55/25% Simplicity	NA	0.8530	NA
Rx4 10/45/90/25% Simplicity	NA	0.7256	NA
Rx4 10/40/70/25% Simplicity	NA	0.7908	NA
Rx4 10/30/50/25%	NA	0.8906	NA
Rx4 10/30/50/25% 100 ded	NA	0.8032	NA
Rx4 10/35/50/25% 100 ded	NA	0.7805	NA
Rx4 10/35/55/25%	NA	0.8507	NA
Rx4 10/35/55/25% 250 ded	NA	0.6783	NA
Rx4 10/35/70/25% 250 ded	NA	0.6458	NA
Rx4 10/35/75/25%	NA	0.8029	NA
Rx4 10/40/70/25%	NA	0.8136	NA
Rx4 10/40/70/25% 250 ded	NA	0.6270	NA
Rx4 10/45/70/25%	NA	0.7713	NA
Rx4 10/45/75/25%	NA	0.7571	NA
Rx4 10/45/75/25% 100 ded	NA	0.6805	NA
Rx4 10/45/90/25%	NA	0.7236	NA
Rx4 10/45/90/25% 100 ded	NA	0.6498	NA
Rx4 10/45/90/25%	NA	0.7236	NA
Rx4 10/45/90/25% 100 ded	NA	0.6498	NA

Humana Health Plan - Side by Side Comparison

Exhibit I.

Medical Area Factors

	<u>Current</u>	<u>Proposed</u>	<u>% Change from Current</u>
Rating Region 1 - Boulder	NA	1.5373	NA
Rating Region 2 - Colorado Springs	NA	1.3845	NA
Rating Region 3 - Denver	NA	1.3670	NA
Rating Region 4 - Fort Collins	NA	NA	NA
Rating Region 5 - Grand Junction	NA	NA	NA
Rating Region 6 - Greeley	NA	NA	NA
Rating Region 7 - Northeast Non-MSA	NA	NA	NA
Rating Region 8 - Pueblo	NA	NA	NA
Rating Region 9 - Resort	NA	NA	NA
Rating Region 10 - Southeast Non-MSA	NA	NA	NA
Rating Region 11 - West Non-MSA	NA	NA	NA

Rx Region Factors

	<u>Current</u>	<u>Proposed</u>	<u>% Change from Current</u>
Rating Region 1 - Boulder	NA	1.4460	NA
Rating Region 2 - Colorado Springs	NA	1.4613	NA
Rating Region 3 - Denver	NA	1.6447	NA
Rating Region 4 - Fort Collins	NA	NA	NA
Rating Region 5 - Grand Junction	NA	NA	NA
Rating Region 6 - Greeley	NA	NA	NA
Rating Region 7 - Northeast Non-MSA	NA	NA	NA
Rating Region 8 - Pueblo	NA	NA	NA
Rating Region 9 - Resort	NA	NA	NA
Rating Region 10 - Southeast Non-MSA	NA	NA	NA
Rating Region 11 - West Non-MSA	NA	NA	NA

Medical Network Factors

NPOS/HMO

	<u>Current</u>	<u>Proposed</u>	<u>% Change from Current</u>
Rating Region 1 - Boulder	NA	1.0000	NA
Rating Region 2 - Colorado Springs	NA	1.0000	NA
Rating Region 3 - Denver	NA	1.0000	NA
Rating Region 4 - Fort Collins	NA	NA	NA
Rating Region 5 - Grand Junction	NA	NA	NA
Rating Region 6 - Greeley	NA	NA	NA
Rating Region 7 - Northeast Non-MSA	NA	NA	NA
Rating Region 8 - Pueblo	NA	NA	NA
Rating Region 9 - Resort	NA	NA	NA
Rating Region 10 - Southeast Non-MSA	NA	NA	NA
Rating Region 11 - West Non-MSA	NA	NA	NA

HMOx

	<u>Current</u>	<u>Proposed</u>	<u>% Change from Current</u>
Rating Region 1 - Boulder	NA	NA	NA
Rating Region 2 - Colorado Springs	NA	0.8520	NA
Rating Region 3 - Denver	NA	0.8390	NA
Rating Region 4 - Fort Collins	NA	NA	NA
Rating Region 5 - Grand Junction	NA	NA	NA
Rating Region 6 - Greeley	NA	NA	NA
Rating Region 7 - Northeast Non-MSA	NA	NA	NA
Rating Region 8 - Pueblo	NA	NA	NA
Rating Region 9 - Resort	NA	NA	NA
Rating Region 10 - Southeast Non-MSA	NA	NA	NA
Rating Region 11 - West Non-MSA	NA	NA	NA

HHP Rating Sample

Standard Component ID	Plan Name	Metal Tier	Rating Area	Network	Premium
74320CO0410001	Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Boulder	NPOS	\$ 631.15
74320CO0410014	Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Boulder	NPOS	\$ 467.48
74320CO0410003	Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Boulder	NPOS	\$ 525.56
74320CO0410021	Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Boulder	NPOS	\$ 345.06
74320CO0410025	EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Boulder	NPOS	\$ 378.61
74320CO0410051	COINS NPOS 70/50 \$5000 Ded, \$6350 OOP	Bronze	Boulder	NPOS	\$ 309.55
74320CO0400001	Trad Copay 100/0 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Boulder	HMO	\$ 611.47
74320CO0400014	Trad Copay 70/0 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Boulder	HMO	\$ 452.64
74320CO0400003	Trad Copay 100/0 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Boulder	HMO	\$ 512.37
74320CO0400021	Trad Copay 50/0 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Boulder	HMO	\$ 334.73
74320CO0400025	EHDHP 90/0 \$5000 Ded, \$6350 OOP	Bronze	Boulder	HMO	\$ 370.40
74320CO0400051	COINS HMO 70/0 \$5000 Ded, \$6350 OOP	Bronze	Boulder	HMO	\$ 300.14
74320CO0410001	Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Colorado Springs	NPOS	\$ 578.78
74320CO0410014	Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Colorado Springs	NPOS	\$ 431.38
74320CO0410003	Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Colorado Springs	NPOS	\$ 482.30
74320CO0410021	Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Colorado Springs	NPOS	\$ 320.11
74320CO0410025	EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	NPOS	\$ 340.98
74320CO0410051	COINS NPOS 70/50 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	NPOS	\$ 286.34
74320CO0400001	Trad Copay 100/0 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Colorado Springs	HMO	\$ 561.06
74320CO0400014	Trad Copay 70/0 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Colorado Springs	HMO	\$ 418.02
74320CO0400003	Trad Copay 100/0 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Colorado Springs	HMO	\$ 470.42
74320CO0400021	Trad Copay 50/0 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Colorado Springs	HMO	\$ 310.80
74320CO0400025	EHDHP 90/0 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	HMO	\$ 333.58
74320CO0400051	COINS HMO 70/0 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	HMO	\$ 277.87
74320CO0390001	Trad Copay 100/0 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Colorado Springs	HMOx	\$ 492.11
74320CO0390014	Trad Copay 70/0 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Colorado Springs	HMOx	\$ 370.24
74320CO0390003	Trad Copay 100/0 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Colorado Springs	HMOx	\$ 413.01
74320CO0390021	Trad Copay 50/0 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Colorado Springs	HMOx	\$ 277.52
74320CO0390025	EHDHP 90/0 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	HMOx	\$ 284.21
74320CO0390051	COINS HMO 70/0 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	HMOx	\$ 247.03
74320CO0410001	Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Denver	NPOS	\$ 584.62
74320CO0410014	Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Denver	NPOS	\$ 439.09
74320CO0410003	Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Denver	NPOS	\$ 487.60
74320CO0410021	Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Denver	NPOS	\$ 327.93
74320CO0410025	EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Denver	NPOS	\$ 336.67
74320CO0410051	COINS NPOS 70/50 \$5000 Ded, \$6350 OOP	Bronze	Denver	NPOS	\$ 292.32
74320CO0400001	Trad Copay 100/0 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Denver	HMO	\$ 567.12
74320CO0400014	Trad Copay 70/0 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Denver	HMO	\$ 425.89
74320CO0400003	Trad Copay 100/0 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Denver	HMO	\$ 475.87
74320CO0400021	Trad Copay 50/0 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Denver	HMO	\$ 318.74
74320CO0400025	EHDHP 90/0 \$5000 Ded, \$6350 OOP	Bronze	Denver	HMO	\$ 329.36
74320CO0400051	COINS HMO 70/0 \$5000 Ded, \$6350 OOP	Bronze	Denver	HMO	\$ 283.96
74320CO0390001	Trad Copay 100/0 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Denver	HMOx	\$ 493.07
74320CO0390014	Trad Copay 70/0 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Denver	HMOx	\$ 374.58
74320CO0390003	Trad Copay 100/0 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Denver	HMOx	\$ 414.20
74320CO0390021	Trad Copay 50/0 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Denver	HMOx	\$ 282.99
74320CO0390025	EHDHP 90/0 \$5000 Ded, \$6350 OOP	Bronze	Denver	HMOx	\$ 276.34
74320CO0390051	COINS HMO 70/0 \$5000 Ded, \$6350 OOP	Bronze	Denver	HMOx	\$ 250.83

CARRIER ATTESTATION FORM

Instructions:

Review each of the attestation and sign at the end of the document. **The Data Submitter must sign this attestation document.**

ATTESTATION	YES
1.) <u>Benefit Design Attestations</u>	<input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1. Carrier attests that it will comply with all benefit design standards, federal regulations and laws, and state mandated benefits for all services including: preventive services, emergency services, and formulary drug list. 2. Carrier attests that its health benefit plans provide coverage for each of the 10 statutory categories of essential health benefits (EHBs) in accordance with the applicable EHB benchmark plan and federal law: <ol style="list-style-type: none"> a. Provide benefits and limitations on coverage that are substantially equal to those covered by the EHB-benchmark plan; b. Complies with the requirements of 45 CFR 146.136 with regard to mental health and substance use disorder services, including behavioral health; c. Provides coverage for preventive services described in 45 CFR 147/130; d. Complies with EHB requirements with respect to prescription drug coverage; e. Any benefits substituted are actuarially equivalent to those offered by the EHB benchmark plan; f. Complies with the prohibition on discrimination with regard to EHB; g. Benefits reflect an appropriate balance among the EHB categories, so that benefits are not unduly weighted toward any category; h. Include all applicable state required benefits. 	
2.) <u>Stand-Alone Dental Attestations</u>	<input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1. Carrier attests that all stand-alone dental plans that it offers will comply with all benefit design standards and federal regulations and laws for stand-alone dental plans, as applicable, including that: <ol style="list-style-type: none"> a. the out-of-pocket maximum for its stand-alone dental plan is reasonable for the coverage of the pediatric dental EHB; b. it offers the pediatric dental EHB; c. it does not include annual and lifetime dollar limits on pediatric dental EHB. <p><u>Selecting “Yes” indicates either:</u></p> <ol style="list-style-type: none"> 1) You are attesting to all statements in this section; – OR – 2) You do not offer Stand-Alone Dental Plans. 	
3.) <u>Marketing</u>	<input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1. Carrier attests that it will comply with any applicable state laws and regulations regarding health insurance marketing practices and advertising materials. 2. Carrier attests that it will not employ marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs. 	

4.) <u>Network Adequacy</u>	<input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1. Carrier attests that each of its managed care health benefit plans will maintain a provider network(s) that is sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to assure that the services will be accessible without unreasonable delay. 2. Carrier attests that each of its managed care health benefit plans will including in in its provider network(s) a sufficient number and geographic distribution of essential community providers (ECPs), where available, to ensure reasonable and timely access to a broad rand of such providers for low-income, medically underserved individuals in their service areas. 	
5.) <u>Meaningful Difference</u>	<input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1. Carrier attests that it will ensure the health benefit plans it offers are meaningfully different from one another. <p><u>Selecting "Yes" indicates either:</u></p> <ol style="list-style-type: none"> 1) You are attesting to all statements in this section; – OR – 2) You are offering a Stand-Alone Dental Plan, which is not subject to review for meaningful difference. 	
6.) <u>Non-Discrimination</u>	<input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1. Carrier will not employ benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs or pre-existing conditions. 2. Carrier will not discriminate against individuals on the basis of health status, race, color, national origin, disability, age, sex, gender identity or sexual orientation, consistent with 45 CFR 156.200(e). 	

Jason Hill

Digitally signed by Jason Hill
DN: dc=com, dc=humad, ou=GRB, ou=Users,
cn=Jason Hill
Date: 2013.05.15 12:05:51 -05'00'

05/15/2013

Signature

Date

Jason Hill

Actuarial Analyst

Printed Name

Title/Position

State: Colorado

Filing Company: Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/31/2013		Rate	SB Rating Manual 2014.01_HHP	08/06/2013	SB Rating Manual 2014.01_HHPNGFv8.pdf (Superceded)
07/31/2013		Supporting Document	Actuarial Memorandum and Certifications	08/06/2013	PartIIActMemoHHPv4.pdf (Superceded)
07/31/2013		Supporting Document	Unified Rate Review Template	08/06/2013	plan_management_data_templates_unifiedHHPv3.xlsm (Superceded)
07/31/2013		Supporting Document	Actuarial Memorandum and Certifications	07/31/2013	PartIIActMemoHHPv3.pdf (Superceded)
07/30/2013		Rate	SB Rating Manual 2014.01_HHP	07/31/2013	SB Rating Manual 2014.01_HHPNGFv7.pdf (Superceded)
07/30/2013		Supporting Document	Colorado Specific Actuarial Memorandum	08/06/2013	COActuarial MemorandumHHPv2.pdf ObjectionIndexRate.pdf Exhibitlv3.pdf (Superceded) Exhibit llv2.pdf
07/22/2013		Supporting Document	Rating Sample	08/06/2013	Rate SampleHHPv2.pdf (Superceded)
07/22/2013		Rate	SB Rating Manual 2014.01_HHP	07/30/2013	SB Rating Manual 2014.01_HHPNGFv6F.pdf (Superceded)

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/22/2013		Supporting Document	Colorado Specific Actuarial Memorandum	07/30/2013	COActuarial MemorandumHHPv2.pdf Exhibit II.pdf (Superceded) ObjectionIndexRate.pdf Exhibitlv3.pdf
07/10/2013		Supporting Document	Actuarial Memorandum and Certifications	07/31/2013	PartIIIActMemoHHPv2.pdf (Superceded)
07/10/2013		Supporting Document	Unified Rate Review Template	07/31/2013	plan_management_data_templates_unifiedHHPv2.xlsm (Superceded)
07/10/2013		Rate	SB Rating Manual 2014.01_HHP	07/22/2013	SB Rating Manual 2014.01_HHPNGFv5.pdf (Superceded)
06/28/2013		Rate	SB Rating Manual 2014.01_HHP	07/10/2013	SB Rating Manual 2014.01_HHPNGFv3.pdf (Superceded)
06/19/2013		Rate	SB Rating Manual 2014.01_HHP	06/28/2013	SB Rating Manual 2014.01_HHPNGFv2.pdf (Superceded)
06/19/2013		Supporting Document	Colorado Specific Actuarial Memorandum	07/22/2013	ExhibitI.pdf (Superceded) COActuarial MemorandumHHPv2.pdf Exhibit II.pdf ObjectionIndexRate.pdf
06/03/2013		Supporting Document	Unified Rate Review Template	07/10/2013	plan_management_data_templates_unifiedHHP.xlsm (Superceded)
05/30/2013		Supporting Document	Rating Sample	07/22/2013	Rate SampleHHP.pdf (Superceded)

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State: Colorado

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Humana Health Plan Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: HHP Small Group Medical Rate Filing_2014.01

Project Name/Number: HHP Small Group Medical Rate Filing_2014.01/

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/17/2013		Rate	SB Rating Manual 2014.01_HHP	06/19/2013	SB Rating Manual 2014.01_HHPNGF.pdf (Superceded)
05/17/2013		Supporting Document	Colorado Specific Actuarial Memorandum	06/19/2013	ExhibitI.pdf COActuarial MemorandumHHPv2.pdf Exhibit II.pdf
05/15/2013		Supporting Document	Rating Sample	05/30/2013	RatingSample.pdf (Superceded)
05/10/2013		Supporting Document	Colorado Specific Actuarial Memorandum	05/17/2013	COActuarial MemorandumHHP.pdf (Superceded) ExhibitI.pdf (Superceded)
04/17/2013		Form	CHMO 2004-P	05/31/2013	
04/17/2013		Form	CHMO 2004-C	05/31/2013	
04/17/2013		Form	CC2003-P	05/31/2013	
04/17/2013		Form	CC2003-C	05/31/2013	
04/17/2013		Form	CO CHMOM-P	05/31/2013	
04/17/2013		Form	CO CHMOM-C	05/31/2013	
04/17/2013		Form	CHMO SAR	05/31/2013	
04/17/2013		Form	CHMO VIS	05/31/2013	
04/17/2013		Form	CHMO RX	05/31/2013	
04/17/2013		Form	CHMO 24HR	05/31/2013	
04/17/2013		Rate	SB Rating Manual 2014.01_HHP	05/17/2013	SB Rating Manual 2014.01_HHPNGF.pdf (Superceded)

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State:

Colorado

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TOI/Sub-TOI:

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Product Name:

HHP Small Group Medical Rate Filing_2014.01

Project Name/Number:

HHP Small Group Medical Rate Filing_2014.01/

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/17/2013		Supporting Document	HR-1 Form (H)	07/22/2013	HR-1 Form 2014_01 HHPNGF.pdf (Superceded)
04/17/2013		Supporting Document	Actuarial Memorandum and Certifications	07/10/2013	PartIIIActMemo.pdf (Superceded)
04/17/2013		Supporting Document	Unified Rate Review Template	06/03/2013	UnifiedRateReviewSubmission_2013051574028_2013051581529.xml (Superceded)
04/17/2013		Supporting Document	Cover Letter	08/06/2013	CoverFinal.pdf (Superceded)
04/17/2013		Supporting Document	Rate Review Detail Documentation	06/03/2013	RateReviewDetail.pdf (Superceded)

SERFF Tracking #:

HUMA-128990602

State Tracking #:

278120

Company Tracking #:

State:

Colorado

Filing Company:

Humana Health Plan Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:

HHP Small Group Medical Rate Filing_2014.01

Project Name/Number:

HHP Small Group Medical Rate Filing_2014.01/

Attachment plan_management_data_templates_unifiedHHPv3.xlsm is not a PDF document and cannot be reproduced here.

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Attachment UnifiedRateReviewSubmission_2013051574028_2013051581529.xml is not a PDF document and cannot be reproduced here.

HHP Small Business Non-Grandfathered Rate Manual

HUMANA HEALTH PLAN
This is the rating manual for Humana's Small Business Products.

Medical Rating Formula

The medical rates for coverage types are calculated as follows:

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Network Factor
- 4.) x Age Factor
- 5.) x Medical Plan Benefit Factor

Drug Rating Formula

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Age Factor
- 4.) x Rx Plan Benefit Factor

TABLE 1
Index Rates

<u>Date</u>	<u>Medical</u>	<u>RX</u>
01/01/2014	\$ 337.26	\$ 57.26
02/01/2014	\$ 337.26	\$ 57.26
03/01/2014	\$ 337.26	\$ 57.26
04/01/2014	\$ 343.01	\$ 58.30
05/01/2014	\$ 343.01	\$ 58.30
06/01/2014	\$ 343.01	\$ 58.30
07/01/2014	\$ 348.87	\$ 59.24
08/01/2014	\$ 348.87	\$ 59.24
09/01/2014	\$ 348.87	\$ 59.24
10/01/2014	\$ 354.81	\$ 60.28
11/01/2014	\$ 354.81	\$ 60.28
12/01/2014	\$ 354.81	\$ 60.28

TABLE 2
Area Factors

<u>Rating Area</u>	<u>Medical</u>	<u>Rx</u>
Boulder	1.5375	1.2671
Colorado Springs	1.3845	1.3243
Denver	1.3670	1.4757
Fort Collins	NA	NA
Grand Junction	NA	NA
Greeley	NA	NA
Northeast Non-MSA	NA	NA
Pueblo	NA	NA
Resort	NA	NA
Southeast Non-MSA	NA	NA
West Non-MSA	NA	NA

TABLE 3
Network Factors

	Boulder	Colorado Springs	Denver
Network Description	Network Factor	Network Factor	Network Factor
NPOS/HMO	1.0000	1.0000	1.0000
HMOx	NA	0.8520	0.8390

TABLE 4
Age Factors

<i><u>Age</u></i>	<i><u>Factor</u></i>		<i><u>Age</u></i>	<i><u>Factor</u></i>
0-20	0.635		43	1.357
21	1.000		44	1.397
22	1.000		45	1.444
23	1.000		46	1.500
24	1.000		47	1.563
25	1.004		48	1.635
26	1.024		49	1.706
27	1.048		50	1.786
28	1.087		51	1.865
29	1.119		52	1.952
30	1.135		53	2.040
31	1.159		54	2.135
32	1.183		55	2.230
33	1.198		56	2.333
34	1.214		57	2.437
35	1.222		58	2.548
36	1.230		59	2.603
37	1.238		60	2.714
38	1.246		61	2.810
39	1.262		62	2.873
40	1.278		63	2.952
41	1.302		64+	3.000
42	1.325			

TABLE 5
Medical Plan Factor

<u>Plan ID</u>	<u>Metal Tier</u>	<u>Plan Name</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Medical Factor</u>	<u>Rx</u>	<u>Rx Factor</u>
74320CO041									
0001	Gold	Trad Copay NPOS	100/70	25	500	4000	0.8103	Rx4 10/30/50/25%	0.8906
0002	Gold	Trad Copay NPOS	100/70	25	1000	4000	0.7473	Rx4 10/30/50/25%	0.8906
0003	Silver	Trad Copay NPOS	100/70	30	1500	6350	0.6700	Rx4 10/45/70/25%	0.7713
0004	Silver	Trad Copay NPOS	100/70	30	2000	6350	0.6306	Rx4 10/35/55/25%	0.8507
0005	Silver	Trad Copay NPOS	100/70	35	2000	5000	0.6401	Rx4 10/45/90/25% 100 ded	0.6498
0006	Silver	Trad Copay NPOS	90/60	30	1500	6350	0.6145	Rx4 10/45/90/25% 100 ded	0.6498
0007	Silver	Trad Copay NPOS	90/60	30	2000	6350	0.5899	Rx4 10/45/90/25%	0.7236
0008	Gold	Trad Copay NPOS	80/50	25	500	4000	0.6386	Rx4 10/30/50/25%	0.8906
0009	Gold	Trad Copay NPOS	80/50	25	1000	4000	0.5938	Rx4 10/30/50/25%	0.8906
0010	Silver	Trad Copay NPOS	80/50	40	1500	5000	0.5326	Rx4 10/45/75/25% 100 ded	0.6805
0011	Silver	Trad Copay NPOS	80/50	30	2000	6350	0.4969	Rx4 10/45/75/25%	0.7571
0012	Silver	Trad Copay NPOS	80/50	30	2000	6350	0.4969	Rx4 10/35/70/25% 250 ded	0.6458
0013	Silver	Trad Copay NPOS	80/50	45	2000	5000	0.5065	Rx4 10/35/50/25% 100 ded	0.7805
0014	Gold	Trad Copay NPOS	70/50	20	1000	4000	0.5633	Rx4 10/30/50/25%	0.8906
0015	Silver	Trad Copay NPOS	70/50	35	2000	6350	0.4715	Rx4 10/45/75/25% 100 ded	0.6805
0016	Silver	Trad Copay NPOS	70/50	40	2000	6350	0.4650	Rx4 10/35/55/25% 250 ded	0.6783
0017	Silver	Trad Copay NPOS	60/50	30	2000	6350	0.4483	Rx4 10/45/75/25% 100 ded	0.6805
0018	Silver	Trad Copay NPOS	60/50	35	2000	6350	0.4455	Rx4 10/35/75/25%	0.8029
0019	Silver	Trad Copay NPOS	60/50	40	2000	6350	0.4402	Rx4 10/40/70/25% 250 ded	0.6270
0020	Silver	Trad Copay NPOS	50/50	25	2000	6350	0.4059	Rx4 10/35/75/25%	0.8029
0021	Silver	Trad Copay NPOS	50/50	30	2000	6350	0.3925	Rx4 10/30/50/25% 100 ded	0.8032
0022	Silver	Trad Copay NPOS	50/50	35	2000	6350	0.3995	Rx4 10/45/75/25% 100 ded	0.6805
0023	Silver	Trad Copay NPOS	50/50	40	2000	6350	0.3938	Rx4 10/40/70/25% 250 ded	0.6270
0024	Gold	EHDHP NPOS	100/70	0	2000	2000	0.8766	ded/c	0.0000
0025	Bronze	EHDHP NPOS	90/60	0	5000	6350	0.5714	ded/c	0.0000
0026	Silver	EHDHP NPOS	80/50	0	2000	6350	0.6548	ded/c	0.0000
0027	Bronze	EHDHP NPOS	80/50	0	4000	6350	0.5232	ded/c	0.0000
0028	Bronze	EHDHP NPOS	80/50	0	5000	6350	0.4870	ded/c	0.0000
0029	Silver	EHDHP NPOS	70/50	0	1500	6350	0.6335	ded/c	0.0000
0030	Bronze	EHDHP NPOS	70/50	0	3500	6350	0.5175	ded/c	0.0000
0031	Gold	HDHP NPOS	100/70	0	1750	1750	0.8937	ded/c	0.0000
0032	Bronze	HDHP NPOS	100/70	0	5500	5000	0.5615	ded/c	0.0000
0033	Silver	HDHP NPOS	80/50	0	1500	6350	0.6888	ded/c	0.0000
0034	Bronze	HDHP NPOS	80/50	0	4000	6350	0.5081	ded/c	0.0000
0046	Gold	Simplicity NPOS	100/70	30	0	6350	0.6533	SRx4 10/35/55/25%	0.8530
0047	Silver	Simplicity NPOS	100/70	45	0	6350	0.4725	SRx4 10/45/90/25%	0.7256
0048	Silver	Simplicity NPOS	100/70	50	0	6350	0.3975	SRx4 10/40/70/25%	0.7908
0049	Silver	Coins NPOS	80/50	0	2000	5000	0.5046	Rx4 10/45/90/25%	0.7236
0050	Silver	Coins NPOS	70/50	0	1500	5000	0.5001	Rx4 10/45/90/25%	0.7236
0051	Bronze	Coins NPOS	70/50	0	5000	6350	0.3634	Rx4 10/45/90/25% 100 ded	0.6498

<u>Plan ID</u>	<u>Metal Tier</u>	<u>Plan Name</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Medical Factor</u>	<u>Rx</u>	<u>Rx Factor</u>
74320CO039, 74320CO040									
0001	Gold	Trad Copay HMO	100/70	25	500	4000	0.7806	Rx4 10/45/90/25%	0.8906
0002	Gold	Trad Copay HMO	100/0	25	1000	4000	0.7227	Rx4 10/30/50/25%	0.8906
0003	Silver	Trad Copay HMO	100/0	30	1500	6350	0.6501	Rx4 10/45/70/25%	0.7713
0004	Silver	Trad Copay HMO	100/0	30	2000	6350	0.6122	Rx4 10/35/55/25%	0.8507
0005	Silver	Trad Copay HMO	100/0	35	2000	5000	0.6207	Rx4 10/45/90/25% 100 ded	0.6498
0006	Silver	Trad Copay HMO	90/0	30	1500	6350	0.5951	Rx4 10/45/90/25% 100 ded	0.6498
0007	Silver	Trad Copay HMO	90/0	30	2000	6350	0.5718	Rx4 10/45/90/25%	0.7236
0008	Gold	Trad Copay HMO	80/0	25	500	4000	0.6127	Rx4 10/30/50/25%	0.8906
0009	Gold	Trad Copay HMO	80/0	25	1000	4000	0.5716	Rx4 10/30/50/25%	0.8906
0010	Silver	Trad Copay HMO	80/0	40	1500	5000	0.5140	Rx4 10/45/75/25% 100 ded	0.6805
0011	Silver	Trad Copay HMO	80/0	30	2000	6350	0.4811	Rx4 10/45/75/25%	0.7571
0012	Silver	Trad Copay HMO	80/0	30	2000	6350	0.4811	Rx4 10/35/70/25% 250 ded	0.6458
0013	Silver	Trad Copay HMO	80/0	45	2000	5000	0.4886	Rx4 10/35/50/25% 100 ded	0.7805
0014	Gold	Trad Copay HMO	70/0	20	1000	4000	0.5409	Rx4 10/30/50/25%	0.8906
0015	Silver	Trad Copay HMO	70/0	35	2000	6350	0.4552	Rx4 10/45/75/25% 100 ded	0.6805
0016	Silver	Trad Copay HMO	70/0	40	2000	6350	0.4483	Rx4 10/35/55/25% 250 ded	0.6783
0017	Silver	Trad Copay HMO	60/0	30	2000	6350	0.4322	Rx4 10/45/75/25% 100 ded	0.6805
0018	Silver	Trad Copay HMO	60/0	35	2000	6350	0.4293	Rx4 10/35/75/25%	0.8029
0019	Silver	Trad Copay HMO	60/0	40	2000	6350	0.4239	Rx4 10/40/70/25% 250 ded	0.6270
0020	Silver	Trad Copay HMO	50/0	25	2000	6350	0.3907	Rx4 10/35/75/25%	0.8029
0021	Silver	Trad Copay HMO	50/0	30	2000	6350	0.3769	Rx4 10/30/50/25% 100 ded	0.8032
0022	Silver	Trad Copay HMO	50/0	35	2000	6350	0.3840	Rx4 10/45/75/25% 100 ded	0.6805
0023	Silver	Trad Copay HMO	50/0	40	2000	6350	0.3783	Rx4 10/40/70/25% 250 ded	0.6270
0024	Gold	EHDHP HMO	100/0	0	2000	2000	0.8656	ded/c	0.0000
0025	Bronze	EHDHP HMO	90/0	0	5000	6350	0.5590	ded/c	0.0000
0026	Silver	EHDHP HMO	80/0	0	2000	6350	0.6413	ded/c	0.0000
0027	Bronze	EHDHP HMO	80/0	0	4000	6350	0.5087	ded/c	0.0000
0028	Bronze	EHDHP HMO	80/0	0	5000	6350	0.4719	ded/c	0.0000
0029	Silver	EHDHP HMO	70/0	0	1500	6350	0.6178	ded/c	0.0000
0030	Bronze	EHDHP HMO	70/0	0	3500	6350	0.5029	ded/c	0.0000
0031	Gold	HDHP HMO	100/0	0	1750	1750	0.8830	ded/c	0.0000
0032	Bronze	HDHP HMO	100/0	0	5500	5000	0.5536	ded/c	0.0000
0033	Silver	HDHP HMO	80/0	0	1500	6350	0.6752	ded/c	0.0000
0034	Bronze	HDHP HMO	80/0	0	4000	6350	0.4945	ded/c	0.0000
0046	Gold	Simplicity HMO	100/0	30	0	6350	0.6403	SRx4 10/35/55/25%	0.8530
0047	Silver	Simplicity HMO	100/0	45	0	6350	0.4512	SRx4 10/45/90/25%	0.7256
0048	Silver	Simplicity HMO	100/0	50	0	6350	0.3729	SRx4 10/40/70/25%	0.7908
0049	Silver	Coins HMO	80/0	0	2000	5000	0.4891	Rx4 10/45/90/25%	0.7236
0050	Silver	Coins HMO	70/0	0	1500	5000	0.4833	Rx4 10/45/90/25%	0.7236
0051	Bronze	Coins HMO	70/0	0	5000	6350	0.3492	Rx4 10/45/90/25% 100 ded	0.6498

General Information

This filing is for the 1-50 small group market, with an effective date of 01/01/2014.

Company Identifying Information:

Company Legal Name: **Humana Health Plan**
 State: **CO**
 HIOS Issuer ID: **74320**
 Market: **Small Group**
 Effective Date: **01/01/2014**

Company Contact Information:

Primary Contact Name: **Jason Hill**
 Primary Contact Telephone Number: **920-337-5488**
 Primary Contact Email Address: **jhill11@humana.com**

Purpose:

The purpose of this actuarial memorandum is to provide supporting justification to the Unified Rate Review template with the goal of demonstrating compliance with the market rating rules, as well as reasonableness of any proposed rates.

In addition, this actuarial memorandum provides required actuarial certifications related to:

- the methodology used to calculate the AV Metal Value for each plan
- the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based
- the index rate is developed in accordance with federal regulations and the index rate along with allowable modifiers are used in the development of plan specific premium rates

This filing should be used for no other purposes.

This memorandum was prepared by a qualified actuary, and is intended to be reviewed by a qualified actuary

Proposed Rate Increase(s)Reason for Rate Increase(s):

For 1/1/2014, the company is issuing all new products that comply with the requirements of the Affordable Care Act and is terminating all non-grandfathered products issued before 1/1/2014. In accordance with HHS regulations, the proposed rate increase for all new plans is zero percent.

Experienced Period Premium and Claims

Paid Through Date: The date through which payments have been made on Claims incurred during the experience period is

03/31/2013

Premiums (net of MLR Rebate) in Experience Period:

Premiums net of MLR rebate:	\$	41,037,073
MLR Rebates:	\$	-
Estimated Rebates to be included:	\$	-

The basis for the Humana Small Business rebate forecast is forecasted membership, premium, claims (including quality improvement expenditures), and expenses at the state and legal entity level. These forecasted metrics are run through a simulated rebate model, where the various components of rebate legislation are applied. The most impactful adjustments include the credibility adjustment (based on forecasted member months) and the adjustment to remove taxes and licensing fees from premium. These items are combined to estimate the Rebate Calculation Ratio (RCR), which is then compared against the 80% threshold for the Small Business segment to calculate final expected rebates.

Allowed and Incurred Claims Incurred During the Experience Period

	Allowed Claims	Incurred Claims
Claims that were processed through the issuer's claim system	\$ 41,068,876	\$ 31,752,859
Claims that were processed outside the issuer's claim system	\$ -	\$ -
Claims incurred but not paid as of paid through date	\$ 486,724	\$ 376,316

Allowed claims come directly from the an issuer's claims system after eligibility and network discounts are applied, allowed medical claims, allowed Rx claims, and member capitation payments are combined to populate the experience period data above. Member cost sharing is removed from the allowed claims to report the incurred claims entered above.

To estimate incurred claims, all commercial claims experience is segregated by legal entity, processing platform, product, geography and claim category so that appropriate balance of homogeneity and credible size is maintained. The segmentation logic is reviewed at least annually or when significant changes in the block occur (e.g. acquisitions). The paid-to-incurred claim triangles for each block are used to develop completion factors that are applied to each incurred month to estimate ultimate incurred amounts. Estimated ultimate incurred claims for the most recent twelve months are then adjusted for pending claims if there is a material variance from historical levels. Finally, the completion factors and estimated ultimate incurred claims are reviewed and may be changed to account for known anomalies in the data that may have distorted the calculation. The difference between the estimated ultimate incurred claims and the current paid-to-date amounts is the estimate of the incurred but not paid claims for each incurred month. In the calculation process, completion factors, per typical actuarial practice, are not permitted to be greater than 1.00. That is, no coverage month is permitted to have an incurred claim estimate less than the amount of claims paid to date even though historical experience may indicate that this is likely due to future claim recoveries.

For each month of incurred, the incurred but not reported amount equals the incurred claims estimate minus claims paid to date. Follow-up studies, including monthly historical reserve restatement analyses, are regularly performed to test the accuracy of the reserving methodology and suggest possible improvements.

Allowed but not reported estimates are developed utilizing the combination of the incurred but not reported estimate and the incurred to allowed ratio of historical claims.

Benefit Categories

The Benefit Categories are defined as follows:

Inpatient Hospital: Includes non-capitated services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital: Includes non-capitated services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility. The Outpatient Hospital benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Outpatient Surgery and Emergency Room, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Outpatient Therapy or MRI, services are used for the measurement units.

Professional: Includes non-capitated primary care, specialist, therapy, laboratory, radiology, and other professional services not billed by the facility. The Professional benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Primary Care or Specialist Office visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Therapy or MRI, services are used for the measurement units.

Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services. The Other Medical benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Home Health visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as DME, services are used for the measurement units.

Capitation: Includes all services provided under one or more capitated arrangements.

Prescription Drug: Includes drugs dispensed by a pharmacy. This amount should be net of rebates received from drug manufacturers.

Projection Factors

0.0%	<p><u>Changes in the Morbidity of the Population Insured:</u></p> <p>This adjustment is intended to capture the change in underlying morbidity for the risk pool in 2014 compared to the current risk pool. In the small group market, the company is projecting little to no impact due to this projected factor in 2014. This industry morbidity assumption is based on a number of third-party industry wide studies and a nationwide internal analysis.</p>
1.8%	<p><u>Changes in Benefits:</u></p> <p>All new plans must cover the essential health benefits package in 2014. The specifics of the essential health benefits are contained within the benchmark plan selected in each state. There are number benefits that are considered to require rate increases in the small group market: women's preventive health, behavioral services and other state-specific services outlined in the benchmark plan and currently not reflected in the experience period data. Seven months of the experience period does not include the expected cost from the Women's Preventive Legislation and has been allocated as a percent of premium. The rate increase associated with this benefit change is .7%.</p> <p>Federal Mental Health Parity requirements is currently not in the experience period, the rate increase associated with this benefit change is .3%.</p> <p>For this state and legal entity, this list of other state specific services outlined in the benchmark plan include: Pediatric Dental and Vision, Cochlear implants, Prosthetics, and Tobacco Cessation. The rate increase associated with these benefits changes is .7712%.</p>
0.0%	<p><u>Changes in Demographics:</u></p> <p>The company is assuming the same average mix of population by age, gender, and region in the projected period as in the underlying base period experience.</p>
-3.0%	<p><u>Other adjustments:</u></p> <p>This adjustment is intended to capture the change in the company's existing risk as it converges to the market average risk due to lack of underwriting. This percentage was estimated based on a study performed by Wakely Consulting which developed the risk of each carrier's book of business relative to the small group market in the state.</p>
13.0%	<p><u>Trend Factors (cost/utilization):</u></p> <p>The cost trend captures pure unit cost changes from midpoint 2012 to midpoint 2014, calculated using the same basket of services each period, due to price/contract negotiations and provider distribution changes.</p> <p>Inpatient Hospital, Outpatient Hospital, Professional, Capitation and Other Medical cost trends are developed based on historical area specific cost trends from Humana's Small Commercial block of business data. Future cost trends are developed based on expected changes in Humana's Commercial contracts. Pharmacy cost trends are developed based on historical brand, generic, and specialty drug trends from Humana's Commercial data. Future cost trends are developed based on expected changes in these pharmacy contracts. These contractual impacts will be applicable to all members regardless of risk class.</p> <p>Utilization trend: Using Humana's Trend Quantification and Projection model, a baseline utilization trend is developed using Humana's Small Commercial block of business historical medical claims data from 2008 - 2012. The historical baseline utilization trend is developed by removing all known impacts to utilization net trend such as demographics, geography, duration, customer changes, benefit changes, new health technologies, utilization management initiatives, and changes in pertinent days. An economic regression model, based on consumer sentiment, personal disposable income, hospital construction, and high-tech medical equipment spend, is then fit to this historical baseline utilization data to project the future block of business baseline utilization trend for 2013 and 2014.</p> <p>A midpoint to midpoint methodology is applied to determine the applicable baseline utilization trend, which incorporates 2012q3 and 2012q4 actual results at the state and legal entity level with the block of business baseline utilization trend for 2013 and 2014. This results in baseline utilization trends that vary at the state and legal entity level.</p> <p>Other components are added to the baseline utilization trend to develop the total utilization trend provided. These include the following:</p> <ul style="list-style-type: none"> • Pertinent days – Captures changes in the calendar, recognizing that health care utilization varies by day of the week and reporting periods contain varying weekday mix and count. This impact is developed through the use of an external consultant's model which is uploaded with Humana's Commercial claims data. • New Health Technologies – Captures the impact of new health technologies and procedures. An external consulting firm researches new technologies and develops per member per month impacts. These impacts are customized to Humana's Commercial business based on membership and coverage policy. • Management Initiatives – Captures savings for Humana initiatives designed to bend trend by managing utilization, such as case management, disease management, and nurse programs. These initiatives are evaluated by an internal actuarial organization tasked with evaluating the effectiveness of the initiatives. Evaluations are done through a collaborative effort involving clinical and other operational areas. Projected savings are calculated by determining prospective changes to impacted metric values, which are determined by analyzing historical metric values as well as through discussions with clinical and operational areas. Savings are reviewed with leadership to ensure appropriateness of assumptions. <p>This describes the development of the core utilization trend. All impacts from healthcare reform have been removed and are included in the "Population Risk/Morbidity" and "Other" adjustments from Worksheet 1 to prevent double counting of any impacts.</p>

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used:

For markets that are fully credible, the source data used to develop the manual rate is the 12-month experience period for the market for which rates are being submitted. For markets that are not fully credible and the issuer has another legal entity within the state that is fully credible, the source data used to develop the manual rates is a blend of 12-month experience period of another fully credible legal entity from the same state and the 12-month experience period for which rates are being submitted. For markets that are not fully credible and the issuer does not have another legal entity from the same state that is fully credible, the source data used to develop the manual rates is a blend of the 12-month experience period from similar products nationwide and the 12-month experience period for which rates are being submitted.

Since this market is considered fully credible, the source data used to develop the manual rates for this submission is the 12-month experience period.

Adjustments Made to the Data:

No adjustments made to the data, this source data is fully credible.

Inclusion of Capitation Payments:

No adjustments made to the data, capitation payments are already included within the source data

Credibility of Experience

Description of the Credibility Methodology Used:

A value of 24,000 member-months of experience is assumed to be fully credible, this value was derived based on analyzing historical experience. Our credibility weight methodology utilizes the following equation: $\sqrt{(\text{member months in experience period}/24000)}$.

Resulting Credibility Level Assigned to Base Period Experience when applying the proposed credibility methodology

1.00

Paid to Allowed Ratio

The anticipated paid to allowed average factor over the projection period was developed by separately considering the anticipated paid to allowed factors by each plan tier.

Once calculated, projected member month weights for each plan tier (consistent with those provided in Worksheet 2) were applied to these paid to allowed factors to produce an overall anticipated paid to allowed average factor of 75.1%.

The plan tier paid to allowed factors were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. These values were developed in accordance with generally accepted actuarial principles and methodologies.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM:

The adjustment factor to account for Humana's expected transfer amount due to the risk adjustment process was derived from our participation in a study by Wakely Consulting, an actuarial consulting firm. Wakely generated an analysis of carrier risk scores in several states based on the carrier's small group experience. Wakely generated the analysis in states where at least 80% of the insured membership in a state's small group market was included through carrier participation in the study. For the carriers that participated in the study, Wakely received a summary of their membership and de-identified claim experience so that Wakely could generate HCC risk scores for all of the carriers small group membership based on the risk adjuster scoring methodology outlined by HHS. Each carrier was supplied a summary exhibit that showed the average risk score, expected risk score, average actuarial value, average rate factor, and induced demand factor for their small group block of business. Wakely generated the expected transfer amount for each carrier based on this study. Humana then applied an expected transfer amount based on the difference in our average premium per member to the state average small group premium per member taken from the 2011 MLR rate filing experience supplied by CCIIO. The combination of the transfer amount and the difference between our average premium and the state average premium would produce the needed adjustment to our index rate for the expected risk adjuster transfer amount.

The projected risk adjustment is \$9.03 PMPM for this state and legal entity

Reinsurance: Projected ACA reinsurance recoveries as a percent of premium have been accounted for in the Taxes and Fees percentage detailed

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only)

This does not apply to the small group market.

Non-Benefit Expenses and Profit & Risk

Expenses are based on our internal forecast for 2014. Expenses are estimated based off of current costs, projected volume changes and estimated changes in department workload. These expenses are simply loaded as a flat percentage of premium at this point in time and do not vary by product or plan.

13.4% Administrative Expense Load

- Broker & Sales Commissions: Compensation expenses associated with business issued through an agent or agency
- Quality Expenses: Expenses associated with quality that are allowed adjustments under the Medical Loss Ratio standards
- Clinical & Network Operations: non-quality clinical costs, provider contracting, and network maintenance & development
- IT Expenses: costs associated with maintenance and development of systems
- Customer Service & Account Installation: call center, customer service, and account management
- Corporate Administration: shared functions that are not exclusive to small group medical segment, including corporate finance, legal, human resources, etc.
- Small Group Administration: functional areas & personnel that solely work on small group medical segment
- Direct Response, Marketing, & Agency Management: direct to consumer marketing expenses, other marketing expenses and agency management expenses

2.2% Profit (or Contribution to Surplus) & Risk Margin

- Profit margin is shown on a pre- tax basis and does not include investment income. The margin shown does not vary by product or plan.

3.3% Taxes and Fees

- 0.4%** •State Premium Tax: state premium tax; charged on a percentage of premium
- 1.30%** •Federal Insurer Annual Fee: assessment created in 2014 by PPACA. Estimated at 1.3% of premium. Not income tax deductible
- 1.50%** •Federal Reinsurance Assessment Fee: assessment created in 2014 by PPACA. Estimated at 1.5% of premium.
- 0.02%** •Risk Adjuster Fee: charged on a percentage of premium basis to fund the risk adjuster process
- 0.05%** •Comparative Effectiveness Fee: charged on a percentage of premium to fund comparative research conduct research evaluating and comparing health outcomes and the clinical effectiveness, risks and benefits of medical treatments.

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology is :

Demonstration:

$$\frac{(2014 \text{ Claims}/2014 \text{ Premium}) + (\text{Quality Expenses as a \% of Premium})}{(1 - \text{Taxess and Fees as a \% of Premium})}$$

$$((47,717,597 / 59,650,362) + 1.6\%)/(1 - 3.3\%) =$$

84.4%

For this state and legal entity name, the projected loss ratio reported above was estimated using the 2-50 group segment experience, this does not align with the state's small business definition for calculating MLR rebates.

If the projected loss ratio is less than 80%, then the company comply with the Federal MLR requirements outlined in PHSA 2718.

Index Rate

The Experience Period is for coverage months between January 2012 and December 2012, over which time the covered benefits offered by the company were leaner than The Essential Health benefits required by the Affordable Care Act. Therefore, the index rate for the Experience Period is set equal to the total Allowed Claims PMPM in the Experience Period, with EHB pricing assumptions used to approximate the portion of the rate which covers EHB requirements in the projected period.

There are no state mandated covered benefits that are included in allowed claims but excluded from the index rate.

The following market-wide adjustments are applied to the projected index rate as the first step in determining plan level "index" rates

- 1) Adjustments for the net impacts of both risk adjustment and reinsurance. See "Risk Adjustment and Reinsurance" earlier section for more details of this market-wide adjustment.
- 2) Expense estimates were based on our internal forecast for 2014. They were estimated based on current costs, modified to accommodate projected volume changes and changes in department workload. These are presented as a flat percentage of premium at this point in time and do not vary by product or plan, and thus are essentially another market-wide adjustment applied to the projected index rate.
- 3) An adjustment for the addition of non-EHB benefits (additional benefits we provide at our own discretion, as well as any state mandated benefits not reflected in the benchmark plan). It is assumed that the addition of such benefits increases costs to all plans uniformly, hence it is essentially handled as a market-wide adjustment.

Then the following plan-specific adjustments are applied to determine plan level "index" rates:

- 4) Each of the plan tier pricing actuarial values (AVs) were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. The data used to produce the small group pricing AVs was based on a standard population of commercially insured membership purchased from a third party vendor. Then, the 2014 plan design parameters were applied to those allowed claims to produce paid claims and pricing AV's. The company did not use the experience of the terminating products when determining the pricing adjustment due to the low membership on any particular plan which makes the experience not credible. These values were developed in accordance with generally accepted actuarial principles and methodologies.
- 5) The development of the index rate includes the anticipated average unit costs derived from the provider networks that will be available on this legal entity in this state. These average unit costs are the result of charge levels, network discounts, delivery system characteristics and utilization management practices across the entire state, for this legal entity.
- 6) The impact of Non-EHBs on the index rate is 0.08%.

AV Metal Values

The AV Metal Values entered in Worksheet 2 of the Part I Unified Rate Review Template were entirely based on the AV calculator unless listed below. For those plans listed below, an alternative methodology was used to generate AV Metal Values and a copy of the actuarial certification required by 45 CFR Part 156, §156.135 has been provided for each occurrence along with this memorandum. For each actuarial certification, the chosen alternate methodology and the reason the benefits for a particular plan are not compatible with the AV Calculator are detailed. Each certification has been signed by a member of the American Academy of Actuaries, and the generated AV Metal values were developed in accordance with generally accepted actuarial principles and methodologies.

Below is the list of plans where an alternative methodology was used to generate AV Metal Values

All plans were entirely based on the AV calculator.

AV Pricing Values

The fixed reference plan selected as the basis for the AV Pricing Values is: 74320CO0410011

Membership Projections

The company is terminating all non-grandfathered plans issued before 1/1/2014 and is projecting that groups will renew on similar plans throughout 2014. The membership projections found in Worksheet 2 of the Part I Unified Rate Review Template are based mapping membership from non-ACA compliant plans to 2014 ACA compliant plans. The overall membership volume is adjusted for anticipated market growth, in-force persistency, and relative competitiveness via our internal market level projection models.

Terminated Products

The product names being terminated prior to the effective date have been listed below. The list encompasses both products that have experience included in the single risk pool during the experience period and any products that were not in effect during the experience but were made available thereafter.

List of Terminated Products:

74320CO001
74320CO002
74320CO004
74320CO005
74320CO006
74320CO007
74320CO008
74320CO011
74320CO012
74320CO015
74320CO023
74320CO024
74320CO025
74320CO027
74320CO031

74320C0032
74320C0033
74320C0037
74320C0038

Plan Type

The plan types selected in the drop-down boxes in Worksheet 2, Section I of the Part I Unified Rate Review Template for each of the company's plans do not require further explanation. The company's plan types align with the definitions found on the Healthcare.gov website.

Warning Alerts

Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM
A.	Inpatient Hospital Days	197.51	\$5,063.70	\$ 83.34	1.000	0.987	1.052	0.948	177.50	\$ 5,532.71	\$ 81.84
	Outpatient Hospital Services	1,938.80	564.97	91.28	1.000	0.987	1.052	1.035	2,076.89	617.30	106.84
	Professional Services	8,049.74	148.50	99.62	1.000	0.987	1.014	1.018	8,342.13	150.74	104.79
	Other Medical Services	1,028.05	120.64	10.34	1.000	0.987	1.013	1.093	1,228.15	122.22	12.51
	Capitation Benefit Period	12,000.00	5.92	5.92	1.000	0.987	1.082	1.000	12,000.00	6.84	6.84
	Prescription Drug Other	278.99	2,486.85	57.82	1.000	0.987	1.098	1.021	290.83	2,960.00	71.74
	Total			\$ 348.31							\$ 384.56

Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM
B.	Inpatient Hospital Days	197.51	\$5,063.70	\$ 83.34	1.000	1.000	1.000	1.000	197.51	\$ 5,063.70	\$ 83.34
	Outpatient Hospital Services	1,938.80	564.97	91.28	1.000	1.000	1.038	1.035	2,076.89	608.61	105.33
	Professional Services	8,049.74	148.50	99.62	1.000	1.000	1.008	1.018	8,342.13	150.74	104.79
	Other Medical Services	1,028.05	120.64	10.34	1.000	1.000	1.007	1.093	1,228.15	122.23	12.51
	Capitation Benefit Period	12,000.00	5.92	5.92	1.000	1.000	1.075	1.000	12,000.00	6.84	6.84
	Prescription Drug Other	278.99	2,486.85	57.82	1.000	1.000	1.091	1.021	290.83	2,960.00	71.74
	Total			\$ 348.31							\$ 384.56

Due to an error in the Unified Rate Review Template, values cannot be less than a 1.0000. Figure A. shows our intentions and true PMPM by service category whereas Figure B. shows the modified exhibit which totals the same PMPM after adjustments to the other, cost, and utilization components.

Medical and Rx Area Factor Demonstration

	Medical Index Rate	Rx Index Rate	Blended Index Rate
Boulder	1.3483	1.2682	1.3323
Colorado Springs	1.2143	1.2817	1.2278
Denver	1.1990	1.4426	1.2477

The blended index rate is a weighted combination of the medical index rate (80%) and the rx index rate (20%). These blended rates are not used in our rating manual or rate data template, but rather an illustration of how these two rates would be combined if Humana was to offer plans on the small business Exchange.

Reliance

I, Paul Roe, ASA, MAAA, relied on information and underlying assumptions provided by internally developed pricing and modeling as well as third party consultant data in the establishment of these rates.

Actuarial Certification

I, Paul Roe, ASA, MAAA, am a Managing Actuary employed by Humana Health Plan. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the Statement of Actuarial Opinion contained herein.

I hereby certify that to the best of my knowledge and judgment and based upon the information presented to me

- The projected index rate is: \$371.47
 - in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).
 - developed in compliance with the applicable Actuarial Standards of Practice.
 - reasonable in relation to the benefits provided and the population anticipated to be covered
 - neither excessive nor deficient.
- That the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates
- That the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- That the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the certification. For plans where an alternate methodology was used to calculate the AV Metal Value, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 has been included. That certification was signed by a member of the American Academy of Actuaries, where he or she indicated that the values were developed in accordance with generally accepted actuarial principles and methodologies. That certification also includes a reason and a description of the alternate methodology that was used for each applicable plan.

This opinion is qualified, in that the Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Actuary signature: _____

Date: July 05, 2013 _____

Paul Roe, ASA, MAAA
Managing Actuary

General Information

This filing is for the 1-50 small group market, with an effective date of 01/01/2014.

Company Identifying Information:

Company Legal Name: **Humana Health Plan**
 State: **CO**
 HIOS Issuer ID: **74320**
 Market: **Small Group**
 Effective Date: **01/01/2014**

Company Contact Information:

Primary Contact Name: **Jason Hill**
 Primary Contact Telephone Number: **920-337-5488**
 Primary Contact Email Address: **jhill11@humana.com**

Purpose:

The purpose of this actuarial memorandum is to provide supporting justification to the Unified Rate Review template with the goal of demonstrating compliance with the market rating rules, as well as reasonableness of any proposed rates.

In addition, this actuarial memorandum provides required actuarial certifications related to:

- the methodology used to calculate the AV Metal Value for each plan
- the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based
- the index rate is developed in accordance with federal regulations and the index rate along with allowable modifiers are used in the development of plan specific premium rates

This filing should be used for no other purposes.

This memorandum was prepared by a qualified actuary, and is intended to be reviewed by a qualified actuary

Proposed Rate Increase(s)Reason for Rate Increase(s):

For 1/1/2014, the company is issuing all new products that comply with the requirements of the Affordable Care Act and is terminating all non-grandfathered products issued before 1/1/2014. In accordance with HHS regulations, the proposed rate increase for all new plans is zero percent.

Experienced Period Premium and Claims

Paid Through Date: The date through which payments have been made on Claims incurred during the experience period is

03/31/2013

Premiums (net of MLR Rebate) in Experience Period:

Premiums net of MLR rebate:	\$	41,037,073
MLR Rebates:	\$	-
Estimated Rebates to be included:	\$	-

The basis for the Humana Small Business rebate forecast is forecasted membership, premium, claims (including quality improvement expenditures), and expenses at the state and legal entity level. These forecasted metrics are run through a simulated rebate model, where the various components of rebate legislation are applied. The most impactful adjustments include the credibility adjustment (based on forecasted member months) and the adjustment to remove taxes and licensing fees from premium. These items are combined to estimate the Rebate Calculation Ratio (RCR), which is then compared against the 80% threshold for the Small Business segment to calculate final expected rebates.

Allowed and Incurred Claims Incurred During the Experience Period

	Allowed Claims	Incurred Claims
Claims that were processed through the issuer's claim system	\$ 41,068,876	\$ 31,752,859
Claims that were processed outside the issuer's claim system	\$ -	\$ -
Claims incurred but not paid as of paid through date	\$ 486,724	\$ 376,316

Allowed claims come directly from the an issuer's claims system after eligibility and network discounts are applied, allowed medical claims, allowed Rx claims, and member capitation payments are combined to populate the experience period data above. Member cost sharing is removed from the allowed claims to report the incurred claims entered above.

To estimate incurred claims, all commercial claims experience is segregated by legal entity, processing platform, product, geography and claim category so that appropriate balance of homogeneity and credible size is maintained. The segmentation logic is reviewed at least annually or when significant changes in the block occur (e.g. acquisitions). The paid-to-incurred claim triangles for each block are used to develop completion factors that are applied to each incurred month to estimate ultimate incurred amounts. Estimated ultimate incurred claims for the most recent twelve months are then adjusted for pended claims if there is a material variance from historical levels. Finally, the completion factors and estimated ultimate incurred claims are reviewed and may be changed to account for known anomalies in the data that may have distorted the calculation. The difference between the estimated ultimate incurred claims and the current paid-to-date amounts is the estimate of the incurred but not paid claims for each incurred month. In the calculation process, completion factors, per typical actuarial practice, are not permitted to be greater than 1.00. That is, no coverage month is permitted to have an incurred claim estimate less than the amount of claims paid to date even though historical experience may indicate that this is likely due to future claim recoveries.

For each month of incurred, the incurred but not reported amount equals the incurred claims estimate minus claims paid to date. Follow-up studies, including monthly historical reserve restatement analyses, are regularly performed to test the accuracy of the reserving methodology and suggest possible improvements.

Allowed but not reported estimates are developed utilizing the combination of the incurred but not reported estimate and the incurred to allowed ratio of historical claims.

Benefit Categories

The Benefit Categories are defined as follows:

Inpatient Hospital: Includes non-capitated services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital: Includes non-capitated services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility. The Outpatient Hospital benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Outpatient Surgery and Emergency Room, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Outpatient Therapy or MRI, services are used for the measurement units.

Professional: Includes non-capitated primary care, specialist, therapy, laboratory, radiology, and other professional services not billed by the facility. The Professional benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Primary Care or Specialist Office visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Therapy or MRI, services are used for the measurement units.

Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services. The Other Medical benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Home Health visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as DME, services are used for the measurement units.

Capitation: Includes all services provided under one or more capitated arrangements.

Prescription Drug: Includes drugs dispensed by a pharmacy. This amount should be net of rebates received from drug manufacturers.

Projection Factors

0.0%	<p><u>Changes in the Morbidity of the Population Insured:</u></p> <p>This adjustment is intended to capture the change in underlying morbidity for the risk pool in 2014 compared to the current risk pool. In the small group market, the company is projecting little to no impact due to this projected factor in 2014. This industry morbidity assumption is based on a number of third-party industry wide studies and a nationwide internal analysis.</p>
1.8%	<p><u>Changes in Benefits:</u></p> <p>All new plans must cover the essential health benefits package in 2014. The specifics of the essential health benefits are contained within the benchmark plan selected in each state. There are number benefits that are considered to require rate increases in the small group market: women's preventive health, behavioral services and other state-specific services outlined in the benchmark plan and currently not reflected in the experience period data. Seven months of the experience period does not include the expected cost from the Women's Preventive Legislation and has been allocated as a percent of premium. The rate increase associated with this benefit change is .7%.</p> <p>Federal Mental Health Parity requirements is currently not in the experience period, the rate increase associated with this benefit change is .3%.</p> <p>For this state and legal entity, this list of other state specific services outlined in the benchmark plan include: Pediatric Dental and Vision, Cochlear implants, Prosthetics, and Tobacco Cessation. The rate increase associated with these benefits changes is .7712%.</p>
0.0%	<p><u>Changes in Demographics:</u></p> <p>The company is assuming the same average mix of population by age, gender, and region in the projected period as in the underlying base period experience.</p>
-3.0%	<p><u>Other adjustments:</u></p> <p>This adjustment is intended to capture the change in the company's existing risk as it converges to the market average risk due to lack of underwriting. This percentage was estimated based on a study performed by Wakely Consulting which developed the risk of each carrier's book of business relative to the small group market in the state.</p>
13.0%	<p><u>Trend Factors (cost/utilization):</u></p> <p>The cost trend captures pure unit cost changes from midpoint 2012 to midpoint 2014, calculated using the same basket of services each period, due to price/contract negotiations and provider distribution changes.</p> <p>Inpatient Hospital, Outpatient Hospital, Professional, Capitation and Other Medical cost trends are developed based on historical area specific cost trends from Humana's Small Commercial block of business data. Future cost trends are developed based on expected changes in Humana's Commercial contracts. Pharmacy cost trends are developed based on historical brand, generic, and specialty drug trends from Humana's Commercial data. Future cost trends are developed based on expected changes in these pharmacy contracts. These contractual impacts will be applicable to all members regardless of risk class.</p> <p>Utilization trend: Using Humana's Trend Quantification and Projection model, a baseline utilization trend is developed using Humana's Small Commercial block of business historical medical claims data from 2008 - 2012. The historical baseline utilization trend is developed by removing all known impacts to utilization net trend such as demographics, geography, duration, customer changes, benefit changes, new health technologies, utilization management initiatives, and changes in pertinent days. An economic regression model, based on consumer sentiment, personal disposable income, hospital construction, and high-tech medical equipment spend, is then fit to this historical baseline utilization data to project the future block of business baseline utilization trend for 2013 and 2014.</p> <p>A midpoint to midpoint methodology is applied to determine the applicable baseline utilization trend, which incorporates 2012q3 and 2012q4 actual results at the state and legal entity level with the block of business baseline utilization trend for 2013 and 2014. This results in baseline utilization trends that vary at the state and legal entity level.</p> <p>Other components are added to the baseline utilization trend to develop the total utilization trend provided. These include the following:</p> <ul style="list-style-type: none"> • Pertinent days – Captures changes in the calendar, recognizing that health care utilization varies by day of the week and reporting periods contain varying weekday mix and count. This impact is developed through the use of an external consultant's model which is uploaded with Humana's Commercial claims data. • New Health Technologies – Captures the impact of new health technologies and procedures. An external consulting firm researches new technologies and develops per member per month impacts. These impacts are customized to Humana's Commercial business based on membership and coverage policy. • Management Initiatives – Captures savings for Humana initiatives designed to bend trend by managing utilization, such as case management, disease management, and nurse programs. These initiatives are evaluated by an internal actuarial organization tasked with evaluating the effectiveness of the initiatives. Evaluations are done through a collaborative effort involving clinical and other operational areas. Projected savings are calculated by determining prospective changes to impacted metric values, which are determined by analyzing historical metric values as well as through discussions with clinical and operational areas. Savings are reviewed with leadership to ensure appropriateness of assumptions. <p>This describes the development of the core utilization trend. All impacts from healthcare reform have been removed and are included in the "Population Risk/Morbidity" and "Other" adjustments from Worksheet 1 to prevent double counting of any impacts.</p>

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used:

For markets that are fully credible, the source data used to develop the manual rate is the 12-month experience period for the market for which rates are being submitted. For markets that are not fully credible and the issuer has another legal entity within the state that is fully credible, the source data used to develop the manual rates is a blend of 12-month experience period of another fully credible legal entity from the same state and the 12-month experience period for which rates are being submitted. For markets that are not fully credible and the issuer does not have another legal entity from the same state that is fully credible, the source data used to develop the manual rates is a blend of the 12-month experience period from similar products nationwide and the 12-month experience period for which rates are being submitted.

Since this market is considered fully credible, the source data used to develop the manual rates for this submission is the 12-month experience period.

Adjustments Made to the Data:

No adjustments made to the data, this source data is fully credible.

Inclusion of Capitation Payments:

No adjustments made to the data, capitation payments are already included within the source data

Credibility of Experience

Description of the Credibility Methodology Used:

A value of 24,000 member-months of experience is assumed to be fully credible, this value was derived based on analyzing historical experience. Our credibility weight methodology utilizes the following equation: $\sqrt{\text{member months in experience period}/24000}$.

Resulting Credibility Level Assigned to Base Period Experience when applying the proposed credibility methodology

1.00

Paid to Allowed Ratio

The anticipated paid to allowed average factor over the projection period was developed by separately considering the anticipated paid to allowed factors by each plan tier.

Once calculated, projected member month weights for each plan tier (consistent with those provided in Worksheet 2) were applied to these paid to allowed factors to produce an overall anticipated paid to allowed average factor of 75.1%.

The plan tier paid to allowed factors were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. These values were developed in accordance with generally accepted actuarial principles and methodologies.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM:

The adjustment factor to account for Humana's expected transfer amount due to the risk adjustment process was derived from our participation in a study by Wakely Consulting, an actuarial consulting firm. Wakely generated an analysis of carrier risk scores in several states based on the carrier's small group experience. Wakely generated the analysis in states where at least 80% of the insured membership in a state's small group market was included through carrier participation in the study. For the carriers that participated in the study, Wakely received a summary of their membership and de-identified claim experience so that Wakely could generate HCC risk scores for all of the carriers small group membership based on the risk adjuster scoring methodology outlined by HHS. Each carrier was supplied a summary exhibit that showed the average risk score, expected risk score, average actuarial value, average rate factor, and induced demand factor for their small group block of business. Wakely generated the expected transfer amount for each carrier based on this study. Humana then applied an expected transfer amount based on the difference in our average premium per member to the state average small group premium per member taken from the 2011 MLR rate filing experience supplied by CCIIO. The combination of the transfer amount and the difference between our average premium and the state average premium would produce the needed adjustment to our index rate for the expected risk adjuster transfer amount.

The projected risk adjustment is \$ 19.46 PMPM for this state and legal entity.

Reinsurance: Projected ACA reinsurance recoveries as a percent of premium have been accounted for in the Taxes and Fees percentage detailed

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only)

This does not apply to the small group market.

Non-Benefit Expenses and Profit & Risk

Expenses are based on our internal forecast for 2014. Expenses are estimated based off of current costs, projected volume changes and estimated changes in department workload. These expenses are simply loaded as a flat percentage of premium at this point in time and do not vary by product or plan.

13.4% Administrative Expense Load

- Broker & Sales Commissions: Compensation expenses associated with business issued through an agent or agency
- Quality Expenses: Expenses associated with quality that are allowed adjustments under the Medical Loss Ratio standards
- Clinical & Network Operations: non-quality clinical costs, provider contracting, and network maintenance & development
- IT Expenses: costs associated with maintenance and development of systems
- Customer Service & Account Installation: call center, customer service, and account management
- Corporate Administration: shared functions that are not exclusive to small group medical segment, including corporate finance, legal, human resources, etc.
- Small Group Administration: functional areas & personnel that solely work on small group medical segment
- Direct Response, Marketing, & Agency Management: direct to consumer marketing expenses, other marketing expenses and agency management expenses

2.2% Profit (or Contribution to Surplus) & Risk Margin

- Profit margin is shown on a pre- tax basis and does not include investment income. The margin shown does not vary by product or plan.

3.3% Taxes and Fees

- 0.4%** •State Premium Tax: state premium tax; charged on a percentage of premium
- 1.30%** •Federal Insurer Annual Fee: assessment created in 2014 by PPACA. Estimated at 1.3% of premium. Not income tax deductible
- 1.50%** •Federal Reinsurance Assessment Fee: assessment created in 2014 by PPACA. Estimated at 1.5% of premium.
- 0.02%** •Risk Adjuster Fee: charged on a percentage of premium basis to fund the risk adjuster process
- 0.05%** •Comparative Effectiveness Fee: charged on a percentage of premium to fund comparative research conduct research evaluating and comparing health outcomes and the clinical effectiveness, risks and benefits of medical treatments.

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology is :

Demonstration:

$$\frac{(2014 \text{ Claims}/2014 \text{ Premium}) + (\text{Quality Expenses as a \% of Premium})}{(1 - \text{Taxess and Fees as a \% of Premium})}$$

$$((47,717,597 / 59,650,362) + 1.6\%)/(1 - 3.3\%) =$$

84.4%

For this state and legal entity name, the projected loss ratio reported above was estimated using the 2-50 group segment experience, this does not align with the state's small business definition for calculating MLR rebates.

If the projected loss ratio is less than 80%, then the company comply with the Federal MLR requirements outlined in PHSA 2718.

Index Rate

The Experience Period is for coverage months between January 2012 and December 2012, over which time the covered benefits offered by the company were leaner than The Essential Health benefits required by the Affordable Care Act. Therefore, the index rate for the Experience Period is set equal to the total Allowed Claims PMPM in the Experience Period, with EHB pricing assumptions used to approximate the portion of the rate which covers EHB requirements in the projected period.

There are no state mandated covered benefits that are included in allowed claims but excluded from the index rate.

The following market-wide adjustments are applied to the projected index rate as the first step in determining plan level "index" rates

- 1) Adjustments for the net impacts of both risk adjustment and reinsurance. See "Risk Adjustment and Reinsurance" earlier section for more details of this market-wide adjustment.
- 2) Expense estimates were based on our internal forecast for 2014. They were estimated based on current costs, modified to accommodate projected volume changes and changes in department workload. These are presented as a flat percentage of premium at this point in time and do not vary by product or plan, and thus are essentially another market-wide adjustment applied to the projected index rate.
- 3) An adjustment for the addition of non-EHB benefits (additional benefits we provide at our own discretion, as well as any state mandated benefits not reflected in the benchmark plan). It is assumed that the addition of such benefits increases costs to all plans uniformly, hence it is essentially handled as a market-wide adjustment.

Then the following plan-specific adjustments are applied to determine plan level "index" rates:

- 4) Each of the plan tier pricing actuarial values (AVs) were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. The data used to produce the small group pricing AVs was based on a standard population of commercially insured membership purchased from a third party vendor. Then, the 2014 plan design parameters were applied to those allowed claims to produce paid claims and pricing AV's. The company did not use the experience of the terminating products when determining the pricing adjustment due to the low membership on any particular plan which makes the experience not credible. These values were developed in accordance with generally accepted actuarial principles and methodologies.
- 5) The development of the index rate includes the anticipated average unit costs derived from the provider networks that will be available on this legal entity in this state. These average unit costs are the result of charge levels, network discounts, delivery system characteristics and utilization management practices across the entire state, for this legal entity.
- 6) The impact of Non-EHBs on the index rate is 0.08%.

AV Metal Values

The AV Metal Values entered in Worksheet 2 of the Part I Unified Rate Review Template were entirely based on the AV calculator unless listed below. For those plans listed below, an alternative methodology was used to generate AV Metal Values and a copy of the actuarial certification required by 45 CFR Part 156, §156.135 has been provided for each occurrence along with this memorandum. For each actuarial certification, the chosen alternate methodology and the reason the benefits for a particular plan are not compatible with the AV Calculator are detailed. Each certification has been signed by a member of the American Academy of Actuaries, and the generated AV Metal values were developed in accordance with generally accepted actuarial principles and methodologies.

Below is the list of plans where an alternative methodology was used to generate AV Metal Values

All plans were entirely based on the AV calculator.

AV Pricing Values

The fixed reference plan selected as the basis for the AV Pricing Values is: 74320CO0410011

Membership Projections

The company is terminating all non-grandfathered plans issued before 1/1/2014 and is projecting that groups will renew on similar plans throughout 2014. The membership projections found in Worksheet 2 of the Part I Unified Rate Review Template are based mapping membership from non-ACA compliant plans to 2014 ACA compliant plans. The overall membership volume is adjusted for anticipated market growth, in-force persistency, and relative competitiveness via our internal market level projection models.

Terminated Products

The product names being terminated prior to the effective date have been listed below. The list encompasses both products that have experience included in the single risk pool during the experience period and any products that were not in effect during the experience but were made available thereafter.

List of Terminated Products:

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74320CO002
74320CO004
74320CO005
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74320CO007
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74320CO011
74320CO012
74320CO015
74320CO023
74320CO024
74320CO025
74320CO027
74320CO031

74320C0032
74320C0033
74320C0037
74320C0038

Plan Type

The plan types selected in the drop-down boxes in Worksheet 2, Section I of the Part I Unified Rate Review Template for each of the company's plans do not require further explanation. The company's plan types align with the definitions found on the Healthcare.gov website.

Warning Alerts

Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM
A.	Inpatient Hospital Days	197.51	\$5,063.70	\$ 83.34	1.000	0.987	1.052	0.948	177.50	\$ 5,532.71	\$ 81.84
	Outpatient Hospital Services	1,938.80	564.97	91.28	1.000	0.987	1.052	1.035	2,076.89	617.30	106.84
	Professional Services	8,049.74	148.50	99.62	1.000	0.987	1.014	1.018	8,342.13	150.74	104.79
	Other Medical Services	1,028.05	120.64	10.34	1.000	0.987	1.013	1.093	1,228.15	122.22	12.51
	Capitation Benefit Period	12,000.00	5.92	5.92	1.000	0.987	1.082	1.000	12,000.00	6.84	6.84
	Prescription Drug Other	278.99	2,486.85	57.82	1.000	0.987	1.098	1.021	290.83	2,960.00	71.74
	Total			\$ 348.31							\$ 384.56

Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM
B.	Inpatient Hospital Days	197.51	\$5,063.70	\$ 83.34	1.000	1.000	1.000	1.000	197.51	\$ 5,063.70	\$ 83.34
	Outpatient Hospital Services	1,938.80	564.97	91.28	1.000	1.000	1.038	1.035	2,076.89	608.61	105.33
	Professional Services	8,049.74	148.50	99.62	1.000	1.000	1.008	1.018	8,342.13	150.74	104.79
	Other Medical Services	1,028.05	120.64	10.34	1.000	1.000	1.007	1.093	1,228.15	122.23	12.51
	Capitation Benefit Period	12,000.00	5.92	5.92	1.000	1.000	1.075	1.000	12,000.00	6.84	6.84
	Prescription Drug Other	278.99	2,486.85	57.82	1.000	1.000	1.091	1.021	290.83	2,960.00	71.74
	Total			\$ 348.31							\$ 384.56

Due to an error in the Unified Rate Review Template, values cannot be less than a 1.0000. Figure A. shows our intentions and true PMPM by service category whereas Figure B. shows the modified exhibit which totals the same PMPM after adjustments to the other, cost, and utilization components.

Medical and Rx Area Factor Demonstration

	Medical Index Rate	Rx Index Rate	Blended Index Rate
Boulder	1.3483	1.2682	1.3323
Colorado Springs	1.2143	1.2817	1.2278
Denver	1.1990	1.4426	1.2477

The blended index rate is a weighted combination of the medical index rate (80%) and the rx index rate (20%). These blended rates are not used in our rating manual or rate data template, but rather an illustration of how these two rates would be combined if Humana was to offer plans on the small business Exchange.

Reliance

I, Paul Roe, ASA, MAAA, relied on information and underlying assumptions provided by internally developed pricing and modeling as well as third party consultant data in the establishment of these rates.

Actuarial Certification

I, Paul Roe, ASA, MAAA, am a Managing Actuary employed by Humana Health Plan. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the Statement of Actuarial Opinion contained herein.

I hereby certify that to the best of my knowledge and judgment and based upon the information presented to me

- The projected index rate is: \$371.47
 - in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).
 - developed in compliance with the applicable Actuarial Standards of Practice.
 - reasonable in relation to the benefits provided and the population anticipated to be covered
 - neither excessive nor deficient.
- That the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates
- That the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- That the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the certification. For plans where an alternate methodology was used to calculate the AV Metal Value, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 has been included. That certification was signed by a member of the American Academy of Actuaries, where he or she indicated that the values were developed in accordance with generally accepted actuarial principles and methodologies. That certification also includes a reason and a description of the alternate methodology that was used for each applicable plan.

This opinion is qualified, in that the Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Actuary signature:

Paul D. Roe

Date: July 31, 2013

Paul Roe, ASA, MAAA
Managing Actuary

HHP Small Business Non-Grandfathered Rate Manual

HUMANA HEALTH PLAN
This is the rating manual for Humana's Small Business Products.

Development of Composite Rates

The composite rates are calculated as follows:

- 1.) Sum of Individual Rates for all Employees and Dependents
- 2.) Sum of Employees with Single Coverage x Single Composite Coverage Type Factor (1.0).
- 3.) Sum of Employees with EE+CH Coverage x EE+CH Composite Coverage Type Factor (1.9).
- 4.) Sum of Employees with EE+SP Coverage x EE+SP Composite Coverage Type Factor (2.2).
- 5.) Sum of Employees with Family Coverage x Family Composite Coverage Type Factor (3.0).
- 6.) (2) + (3) + (4) + (5)
- 7.) (6) / (1) = Single Composite Rate.
- 8.) (7) x EE+CH Composite Coverage Type Factor = EE+CH Composite Rate.
- 9.) (8) x EE+SP Composite Coverage Type Factor = EE+SP Composite Rate.
- 10.) (9) x Family Composite Coverage Type Factor = Family Composite Rate.

2-9 Size Groups

For 2-9 life cases, rates will be developed for every employee and these rates will be listed on the premium statement.

Composite Rate - Premium Rate Development

The total combined premium PMPMs (per-member-per-month) are converted to composite premium rates based on the coverage type factors shown included in steps 2 through 5 above.

Medical Rating Formula

The medical rates for coverage types are calculated as follows:

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Network Factor
- 4.) x Age Factor
- 5.) x Medical Plan Benefit Factor

Drug Rating Formula

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Age Factor
- 4.) x Rx Plan Benefit Factor

TABLE 1
Index Rates

<u>Date</u>	<u>Medical</u>	<u>RX</u>
01/01/2014	\$ 337.26	\$ 57.26
02/01/2014	\$ 337.26	\$ 57.26
03/01/2014	\$ 337.26	\$ 57.26
04/01/2014	\$ 343.01	\$ 58.30
05/01/2014	\$ 343.01	\$ 58.30
06/01/2014	\$ 343.01	\$ 58.30
07/01/2014	\$ 348.87	\$ 59.24
08/01/2014	\$ 348.87	\$ 59.24
09/01/2014	\$ 348.87	\$ 59.24
10/01/2014	\$ 354.81	\$ 60.28
11/01/2014	\$ 354.81	\$ 60.28
12/01/2014	\$ 354.81	\$ 60.28

TABLE 2
Area Factors

<u>Rating Area</u>	<u>Medical</u>	<u>Rx</u>
Boulder	1.3483	1.2671
Colorado Springs	1.2143	1.3243
Denver	1.1990	1.4757
Fort Collins	NA	NA
Grand Junction	NA	NA
Greeley	NA	NA
Northeast Non-MSA	NA	NA
Pueblo	NA	NA
Resort	NA	NA
Southeast Non-MSA	NA	NA
West Non-MSA	NA	NA

TABLE 3
Network Factors

	Boulder	Colorado Springs	Denver
Network Description	Network Factor	Network Factor	Network Factor
NPOS/HMO Premier	1.0000	1.0000	1.0000
HMOx	NA	0.8520	0.8390

TABLE 4
Age Factors

<i><u>Age</u></i>	<i><u>Factor</u></i>	<i><u>Age</u></i>	<i><u>Factor</u></i>
0-20	0.635	43	1.357
21	1.000	44	1.397
22	1.000	45	1.444
23	1.000	46	1.500
24	1.000	47	1.563
25	1.004	48	1.635
26	1.024	49	1.706
27	1.048	50	1.786
28	1.087	51	1.865
29	1.119	52	1.952
30	1.135	53	2.040
31	1.159	54	2.135
32	1.183	55	2.230
33	1.198	56	2.333
34	1.214	57	2.437
35	1.222	58	2.548
36	1.230	59	2.603
37	1.238	60	2.714
38	1.246	61	2.810
39	1.262	62	2.873
40	1.278	63	2.952
41	1.302	64+	3.000
42	1.325		

TABLE 5
Medical Plan Factor

<i>Plan ID</i>	<i>Metal Tier</i>	<i>Plan Name</i>	<i>Coins</i>	<i>PCP Copay</i>	<i>PCP Ded</i>	<i>PCP OOP</i>	<i>Rx</i>	<i>Factor</i>
74320CO041								
0001	Gold	Trad Copay NPOS	100/70	25	500	4000	Rx4 10/30/50/25%	0.8103
0002	Gold	Trad Copay NPOS	100/70	25	1000	4000	Rx4 10/30/50/25%	0.7473
0003	Silver	Trad Copay NPOS	100/70	30	1500	6350	Rx4 10/45/70/25%	0.6700
0004	Silver	Trad Copay NPOS	100/70	30	2000	6350	Rx4 10/35/55/25%	0.6306
0005	Silver	Trad Copay NPOS	100/70	35	2000	5000	Rx4 10/45/90/25% 100 ded	0.6401
0006	Silver	Trad Copay NPOS	90/60	30	1500	6350	Rx4 10/45/90/25% 100 ded	0.6145
0007	Silver	Trad Copay NPOS	90/60	30	2000	6350	Rx4 10/45/90/25%	0.5899
0008	Gold	Trad Copay NPOS	80/50	25	500	4000	Rx4 10/30/50/25%	0.6386
0009	Gold	Trad Copay NPOS	80/50	25	1000	4000	Rx4 10/30/50/25%	0.5938
0010	Silver	Trad Copay NPOS	80/50	40	1500	5000	Rx4 10/45/75/25% 100 ded	0.5326
0011	Silver	Trad Copay NPOS	80/50	30	2000	6350	Rx4 10/45/75/25%	0.4969
0012	Silver	Trad Copay NPOS	80/50	30	2000	6350	Rx4 10/35/70/25% 250 ded	0.4969
0013	Silver	Trad Copay NPOS	80/50	45	2000	5000	Rx4 10/35/50/25% 100 ded	0.5065
0014	Gold	Trad Copay NPOS	70/50	20	1000	4000	Rx4 10/30/50/25%	0.5633
0015	Silver	Trad Copay NPOS	70/50	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.4715
0016	Silver	Trad Copay NPOS	70/50	40	2000	6350	Rx4 10/35/55/25% 250 ded	0.4650
0017	Silver	Trad Copay NPOS	60/50	30	2000	6350	Rx4 10/45/75/25% 100 ded	0.4483
0018	Silver	Trad Copay NPOS	60/50	35	2000	6350	Rx4 10/35/75/25%	0.4455
0019	Silver	Trad Copay NPOS	60/50	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.4402
0020	Silver	Trad Copay NPOS	50/50	25	2000	6350	Rx4 10/35/75/25%	0.4059
0021	Silver	Trad Copay NPOS	50/50	30	2000	6350	Rx4 10/30/50/25% 100 ded	0.3925
0022	Silver	Trad Copay NPOS	50/50	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.3995
0023	Silver	Trad Copay NPOS	50/50	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.3938
0024	Gold	EHDHP NPOS	100/70	0	2000	2000	ded/c	0.8766
0025	Bronze	EHDHP NPOS	90/60	0	5000	6350	ded/c	0.5714
0026	Silver	EHDHP NPOS	80/50	0	2000	6350	ded/c	0.6548
0027	Bronze	EHDHP NPOS	80/50	0	4000	6350	ded/c	0.5232
0028	Bronze	EHDHP NPOS	80/50	0	5000	6350	ded/c	0.4870
0029	Silver	EHDHP NPOS	70/50	0	1500	6350	ded/c	0.6335
0030	Bronze	EHDHP NPOS	70/50	0	3500	6350	ded/c	0.5175
0031	Gold	HDHP NPOS	100/70	0	1750	1750	ded/c	0.8937
0032	Bronze	HDHP NPOS	100/70	0	5500	5000	ded/c	0.5615
0033	Silver	HDHP NPOS	80/50	0	1500	6350	ded/c	0.6888
0034	Bronze	HDHP NPOS	80/50	0	4000	6350	ded/c	0.5081
0035	Gold	EHDHP Walmart/CVS NPOS	100/70	0	2000	2000	ded/c	0.8678
0036	Bronze	EHDHP Walmart/CVS NPOS	90/60	0	5000	6350	ded/c	0.5656
0037	Silver	EHDHP Walmart/CVS NPOS	80/50	0	2000	6350	ded/c	0.6483
0038	Bronze	EHDHP Walmart/CVS NPOS	80/50	0	4000	6350	ded/c	0.5180
0039	Bronze	EHDHP Walmart/CVS NPOS	80/50	0	5000	6350	ded/c	0.4821
0040	Silver	EHDHP Walmart/CVS NPOS	70/50	0	1500	6350	ded/c	0.6271

<u>Plan ID</u>	<u>Metal Tier</u>	<u>Plan Name</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Rx</u>	<u>Factor</u>
0041	Bronze	EHDHP Walmart/CVS NPOS	70/50	0	3500	6350	ded/c	0.5123
0042	Gold	HDHP Walmart/CVS NPOS	100/70	0	1750	1750	ded/c	0.8847
0043	Bronze	HDHP Walmart/CVS NPOS	100/70	0	5500	5000	ded/c	0.5559
0044	Silver	HDHP Walmart/CVS NPOS	80/50	0	1500	6350	ded/c	0.6819
0045	Bronze	HDHP Walmart/CVS NPOS	80/50	0	4000	6350	ded/c	0.5031
0046	Gold	Simplicity NPOS	100/70	30	0	6350	SRx4 10/35/55/25%	0.6533
0047	Silver	Simplicity NPOS	100/70	50	0	6350	SRx4 10/45/90/25%	0.4725
0048	Silver	Simplicity NPOS	100/70	50	0	6350	SRx4 10/40/70/25%	0.3975
0049	Silver	Coins NPOS	80/50	0	2000	5000	Rx4 10/45/90/25%	0.5046
0050	Silver	Coins NPOS	70/50	0	1500	5000	Rx4 10/45/90/25%	0.5001
0051	Bronze	Coins NPOS	70/50	0	5000	6350	Rx4 10/45/90/25% 100 ded	0.3634
74320CO040, 74320CO039								
0001	Gold	Trad Copay HMO OA	100/0	25	500	4000	Rx4 10/30/50/25%	0.7806
0002	Gold	Trad Copay HMO OA	100/0	25	1000	4000	Rx4 10/30/50/25%	0.7227
0003	Silver	Trad Copay HMO OA	100/0	30	1500	6350	Rx4 10/45/70/25%	0.6501
0004	Silver	Trad Copay HMO OA	100/0	30	2000	6350	Rx4 10/35/55/25%	0.6122
0005	Silver	Trad Copay HMO OA	100/0	35	2000	5000	Rx4 10/45/90/25% 100 ded	0.6207
0006	Silver	Trad Copay HMO OA	90/0	30	1500	6350	Rx4 10/45/90/25% 100 ded	0.5951
0007	Silver	Trad Copay HMO OA	90/0	30	2000	6350	Rx4 10/45/90/25%	0.5718
0008	Gold	Trad Copay HMO OA	80/0	25	500	4000	Rx4 10/30/50/25%	0.6127
0009	Gold	Trad Copay HMO OA	80/0	25	1000	4000	Rx4 10/30/50/25%	0.5716
0010	Silver	Trad Copay HMO OA	80/0	40	1500	5000	Rx4 10/45/75/25% 100 ded	0.5140
0011	Silver	Trad Copay HMO OA	80/0	30	2000	6350	Rx4 10/45/75/25%	0.4811
0012	Silver	Trad Copay HMO OA	80/0	30	2000	6350	Rx4 10/35/70/25% 250 ded	0.4811
0013	Silver	Trad Copay HMO OA	80/0	45	2000	5000	Rx4 10/35/50/25% 100 ded	0.4886
0014	Gold	Trad Copay HMO OA	70/0	20	1000	4000	Rx4 10/30/50/25%	0.5409
0015	Silver	Trad Copay HMO OA	70/0	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.4552
0016	Silver	Trad Copay HMO OA	70/0	40	2000	6350	Rx4 10/35/55/25% 250 ded	0.4483
0017	Silver	Trad Copay HMO OA	60/0	30	2000	6350	Rx4 10/45/75/25% 100 ded	0.4322
0018	Silver	Trad Copay HMO OA	60/0	35	2000	6350	Rx4 10/35/75/25%	0.4293
0019	Silver	Trad Copay HMO OA	60/0	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.4239
0020	Silver	Trad Copay HMO OA	50/0	25	2000	6350	Rx4 10/35/75/25%	0.3907
0021	Silver	Trad Copay HMO OA	50/0	30	2000	6350	Rx4 10/30/50/25% 100 ded	0.3769
0022	Silver	Trad Copay HMO OA	50/0	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.3840
0023	Silver	Trad Copay HMO OA	50/0	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.3783
0024	Gold	EHDHP HMO OA	100/0	0	2000	2000	ded/c	0.8656
0025	Bronze	EHDHP HMO OA	90/0	0	5000	6350	ded/c	0.5590
0026	Silver	EHDHP HMO OA	80/0	0	2000	6350	ded/c	0.6413
0027	Bronze	EHDHP HMO OA	80/0	0	4000	6350	ded/c	0.5087
0028	Bronze	EHDHP HMO OA	80/0	0	5000	6350	ded/c	0.4719
0029	Silver	EHDHP HMO OA	70/0	0	1500	6350	ded/c	0.6178
0030	Bronze	EHDHP HMO OA	70/0	0	3500	6350	ded/c	0.5029

<u>Plan ID</u>	<u>Metal Tier</u>	<u>Plan Name</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Rx</u>	<u>Factor</u>
0031	Gold	HDHP HMO OA	100/0	0	1750	1750	ded/c	0.8830
0032	Bronze	HDHP HMO OA	100/0	0	5500	5000	ded/c	0.5536
0033	Silver	HDHP HMO OA	80/0	0	1500	6350	ded/c	0.6752
0034	Bronze	HDHP HMO OA	80/0	0	4000	6350	ded/c	0.4945
0035	Gold	EHDHP Walmart/CVS HMO OA	100/0	0	2000	2000	ded/c	0.8569
0036	Bronze	EHDHP Walmart/CVS HMO OA	90/0	0	5000	6350	ded/c	0.5534
0037	Silver	EHDHP Walmart/CVS HMO OA	80/0	0	2000	6350	ded/c	0.6349
0038	Bronze	EHDHP Walmart/CVS HMO OA	80/0	0	4000	6350	ded/c	0.5036
0039	Bronze	EHDHP Walmart/CVS HMO OA	80/0	0	5000	6350	ded/c	0.4672
0040	Silver	EHDHP Walmart/CVS HMO OA	70/0	0	1500	6350	ded/c	0.6117
0041	Bronze	EHDHP Walmart/CVS HMO OA	70/0	0	3500	6350	ded/c	0.4979
0042	Gold	HDHP Walmart/CVS HMO OA	100/0	0	1750	1750	ded/c	0.8741
0043	Bronze	HDHP Walmart/CVS HMO OA	100/0	0	5500	5000	ded/c	0.5480
0044	Silver	HDHP Walmart/CVS HMO OA	80/0	0	1500	6350	ded/c	0.6684
0045	Bronze	HDHP Walmart/CVS HMO OA	80/0	0	4000	6350	ded/c	0.4895
0046	Gold	Simplicity HMO OA	100/0	30	0	6350	SRx4 10/35/55/25%	0.6403
0047	Silver	Simplicity HMO OA	100/0	50	0	6350	SRx4 10/45/90/25%	0.4512
0048	Silver	Simplicity HMO OA	100/0	50	0	6350	SRx4 10/40/70/25%	0.3729
0049	Silver	Coins HMO OA	80/0	0	2000	5000	Rx4 10/45/90/25%	0.4891
0050	Silver	Coins HMO OA	70/0	0	1500	5000	Rx4 10/45/90/25%	0.4833
0051	Bronze	Coins HMO OA	70/0	0	5000	6350	Rx4 10/45/90/25% 100 ded	0.3492

TABLE 6
Rx Plan Benefit Factors

<u>Rx Plan</u>	<u>Rx Plan Benefit Factor</u>	<u>Walmart/CVS Rx Plan Benefit Factor</u>
Rx4 10/35/55/25% Simplicity	0.8530	0.7677
Rx4 10/45/90/25% Simplicity	0.7256	0.6530
Rx4 10/40/70/25% Simplicity	0.7908	0.7117
Rx4 10/30/50/25%	0.8906	0.8015
Rx4 10/30/50/25% 100 ded	0.8032	0.7229
Rx4 10/35/50/25% 100 ded	0.7805	0.7024
Rx4 10/35/55/25%	0.8507	0.7656
Rx4 10/35/55/25% 250 ded	0.6783	0.6105
Rx4 10/35/70/25% 250 ded	0.6458	0.5813
Rx4 10/35/75/25%	0.8029	0.7226
Rx4 10/40/70/25% with 3500 OOP	0.8136	0.7322
Rx4 10/40/70/25% 250 ded	0.6270	0.5643
Rx4 10/45/70/25%	0.7713	0.6942
Rx4 10/45/75/25%	0.7571	0.6813
Rx4 10/45/75/25% 100 ded	0.6805	0.6124
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848

Humana Health Plan - Side by Side Comparison

Exhibit I.

Medical Index Rates for CO Small Group Business

<u>Date</u>	<u>Current Index Rate</u>	<u>Proposed Rate</u>	<u>% Change From Current</u>	<u>% Monthly Change</u>
01/01/2014	NA	337.26	NA	NA
02/01/2014	NA	337.26	NA	0.0%
03/01/2014	NA	337.26	NA	0.0%
04/01/2014	NA	343.01	NA	1.7%
05/01/2014	NA	343.01	NA	0.0%
06/01/2014	NA	343.01	NA	0.0%
07/01/2014	NA	348.87	NA	1.7%
08/01/2014	NA	348.87	NA	0.0%
09/01/2014	NA	348.87	NA	0.0%
10/01/2014	NA	354.81	NA	1.7%
11/01/2014	NA	354.81	NA	0.0%
12/01/2014	NA	354.81	NA	0.0%

Rx Index Rates for CO Small Group Business

<u>Date</u>	<u>Current Index Rate</u>	<u>Proposed Rate</u>	<u>% Change From Current</u>	<u>% Monthly Change</u>
01/01/2014	NA	57.26	NA	NA
02/01/2014	NA	57.26	NA	0.0%
03/01/2014	NA	57.26	NA	0.0%
04/01/2014	NA	58.30	NA	1.8%
05/01/2014	NA	58.30	NA	0.0%
06/01/2014	NA	58.30	NA	0.0%
07/01/2014	NA	59.24	NA	1.6%
08/01/2014	NA	59.24	NA	0.0%
09/01/2014	NA	59.24	NA	0.0%
10/01/2014	NA	60.28	NA	1.8%
11/01/2014	NA	60.28	NA	0.0%
12/01/2014	NA	60.28	NA	0.0%

Medical Plan Benefit Factors

<u>Product Type</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>Par Ded</u>	<u>Par OOP</u>	<u>Current Factor</u>	<u>Revised Factor</u>	<u>% Change</u>
Trad Copay NPOS	100/70	25	500	4000	NA	0.8103	NA
Trad Copay NPOS	100/70	25	1000	4000	NA	0.7473	NA
Trad Copay NPOS	100/70	30	1500	6400	NA	0.6700	NA
Trad Copay NPOS	100/70	30	2000	6400	NA	0.6306	NA
Trad Copay NPOS	100/70	35	2000	5000	NA	0.6401	NA
Trad Copay NPOS	90/60	30	1500	6400	NA	0.6145	NA
Trad Copay NPOS	90/60	30	2000	6400	NA	0.5899	NA
Trad Copay NPOS	80/50	25	500	4000	NA	0.6386	NA
Trad Copay NPOS	80/50	25	1000	4000	NA	0.5938	NA
Trad Copay NPOS	80/50	40	1500	5000	NA	0.5326	NA
Trad Copay NPOS	80/50	30	2000	6400	NA	0.4969	NA
Trad Copay NPOS	80/50	30	2000	6400	NA	0.4969	NA
Trad Copay NPOS	80/50	45	2000	5000	NA	0.5065	NA
Trad Copay NPOS	70/50	20	1000	4000	NA	0.5633	NA
Trad Copay NPOS	70/50	35	2000	6400	NA	0.4715	NA
Trad Copay NPOS	70/50	40	2000	6400	NA	0.4650	NA
Trad Copay NPOS	60/50	30	2000	6400	NA	0.4483	NA
Trad Copay NPOS	60/50	35	2000	6400	NA	0.4455	NA
Trad Copay NPOS	60/50	40	2000	6400	NA	0.4402	NA
Trad Copay NPOS	50/50	25	2000	6400	NA	0.4059	NA
Trad Copay NPOS	50/50	30	2000	6400	NA	0.3925	NA
Trad Copay NPOS	50/50	35	2000	6400	NA	0.3995	NA
Trad Copay NPOS	50/50	40	2000	6400	NA	0.3938	NA
EHDHP NPOS	100/70	0	2000	2000	NA	0.8766	NA
EHDHP NPOS	90/60	0	5000	6400	NA	0.5714	NA
EHDHP NPOS	80/50	0	2000	6400	NA	0.6548	NA
EHDHP NPOS	80/50	0	4000	6400	NA	0.5232	NA
EHDHP NPOS	80/50	0	5000	6400	NA	0.4870	NA
EHDHP NPOS	70/50	0	1500	6400	NA	0.6335	NA
EHDHP NPOS	70/50	0	3500	6400	NA	0.5175	NA
HDHP NPOS	100/70	0	1750	1750	NA	0.8937	NA
HDHP NPOS	100/70	0	5500	5000	NA	0.5615	NA
HDHP NPOS	80/50	0	1500	6400	NA	0.6888	NA
HDHP NPOS	80/50	0	4000	6400	NA	0.5081	NA
EHDHP Walmart/CVS NPOS	100/70	0	2000	2000	NA	0.8678	NA
EHDHP Walmart/CVS NPOS	90/60	0	5000	6400	NA	0.5656	NA
EHDHP Walmart/CVS NPOS	80/50	0	2000	6400	NA	0.6483	NA
EHDHP Walmart/CVS NPOS	80/50	0	4000	6400	NA	0.5180	NA

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EHDHP Walmart/CVS NPOS	80/50	0	5000	6400	NA	0.4821	NA
EHDHP Walmart/CVS NPOS	70/50	0	1500	6400	NA	0.6271	NA
EHDHP Walmart/CVS NPOS	70/50	0	3500	6400	NA	0.5123	NA
HDHP Walmart/CVS NPOS	100/70	0	1750	1750	NA	0.8847	NA
HDHP Walmart/CVS NPOS	100/70	0	5500	5000	NA	0.5559	NA
HDHP Walmart/CVS NPOS	80/50	0	1500	6400	NA	0.6819	NA
HDHP Walmart/CVS NPOS	80/50	0	4000	6400	NA	0.5031	NA
Simplicity NPOS	100/70	30	0	6400	NA	0.6533	NA
Simplicity NPOS	100/70	45	0	6400	NA	0.4725	NA
Simplicity NPOS	100/70	50	0	6400	NA	0.3975	NA
Coins NPOS	80/50	0	2000	5000	NA	0.5046	NA
Coins NPOS	70/50	0	1500	5000	NA	0.5001	NA
Coins NPOS	70/50	0	5000	6400	NA	0.3634	NA
Trad Copay HMO OA	100/0	25	500	4000	NA	0.7806	NA
Trad Copay HMO OA	100/0	25	1000	4000	NA	0.7227	NA
Trad Copay HMO OA	100/0	30	1500	6400	NA	0.6501	NA
Trad Copay HMO OA	100/0	30	2000	6400	NA	0.6122	NA
Trad Copay HMO OA	100/0	35	2000	5000	NA	0.6207	NA
Trad Copay HMO OA	90/0	30	1500	6400	NA	0.5951	NA
Trad Copay HMO OA	90/0	30	2000	6400	NA	0.5718	NA
Trad Copay HMO OA	80/0	25	500	4000	NA	0.6127	NA
Trad Copay HMO OA	80/0	25	1000	4000	NA	0.5716	NA
Trad Copay HMO OA	80/0	40	1500	5000	NA	0.5140	NA
Trad Copay HMO OA	80/0	30	2000	6400	NA	0.4811	NA
Trad Copay HMO OA	80/0	30	2000	6400	NA	0.4811	NA
Trad Copay HMO OA	80/0	45	2000	5000	NA	0.4886	NA
Trad Copay HMO OA	70/0	20	1000	4000	NA	0.5409	NA
Trad Copay HMO OA	70/0	35	2000	6400	NA	0.4552	NA
Trad Copay HMO OA	70/0	40	2000	6400	NA	0.4483	NA
Trad Copay HMO OA	60/0	30	2000	6400	NA	0.4322	NA
Trad Copay HMO OA	60/0	35	2000	6400	NA	0.4293	NA
Trad Copay HMO OA	60/0	40	2000	6400	NA	0.4239	NA
Trad Copay HMO OA	50/0	25	2000	6400	NA	0.3907	NA
Trad Copay HMO OA	50/0	30	2000	6400	NA	0.3769	NA
Trad Copay HMO OA	50/0	35	2000	6400	NA	0.3840	NA
Trad Copay HMO OA	50/0	40	2000	6400	NA	0.3783	NA
EHDHP HMO OA	100/0	0	2000	2000	NA	0.8656	NA
EHDHP HMO OA	90/0	0	5000	6400	NA	0.5590	NA
EHDHP HMO OA	80/0	0	2000	6400	NA	0.6413	NA
EHDHP HMO OA	80/0	0	4000	6400	NA	0.5087	NA
EHDHP HMO OA	80/0	0	5000	6400	NA	0.4719	NA
EHDHP HMO OA	70/0	0	1500	6400	NA	0.6178	NA
EHDHP HMO OA	70/0	0	3500	6400	NA	0.5029	NA
HDHP HMO OA	100/0	0	1750	1750	NA	0.8830	NA
HDHP HMO OA	100/0	0	5500	5000	NA	0.5536	NA
HDHP HMO OA	80/0	0	1500	6400	NA	0.6752	NA
HDHP HMO OA	80/0	0	4000	6400	NA	0.4945	NA
EHDHP Walmart/CVS HMO OA	100/0	0	2000	2000	NA	0.8569	NA
EHDHP Walmart/CVS HMO OA	90/0	0	5000	6400	NA	0.5534	NA
EHDHP Walmart/CVS HMO OA	80/0	0	2000	6400	NA	0.6349	NA
EHDHP Walmart/CVS HMO OA	80/0	0	4000	6400	NA	0.5036	NA
EHDHP Walmart/CVS HMO OA	80/0	0	5000	6400	NA	0.4672	NA
EHDHP Walmart/CVS HMO OA	70/0	0	1500	6400	NA	0.6117	NA
EHDHP Walmart/CVS HMO OA	70/0	0	3500	6400	NA	0.4979	NA
HDHP Walmart/CVS HMO OA	100/0	0	1750	1750	NA	0.8741	NA
HDHP Walmart/CVS HMO OA	100/0	0	5500	5000	NA	0.5480	NA
HDHP Walmart/CVS HMO OA	80/0	0	1500	6400	NA	0.6684	NA
HDHP Walmart/CVS HMO OA	80/0	0	4000	6400	NA	0.4895	NA
Simplicity HMO OA	100/0	30	0	6400	NA	0.6403	NA
Simplicity HMO OA	100/0	45	0	6400	NA	0.4512	NA
Simplicity HMO OA	100/0	50	0	6400	NA	0.3729	NA
Coins HMO OA	80/0	0	2000	5000	NA	0.4891	NA
Coins HMO OA	70/0	0	1500	5000	NA	0.4833	NA
Coins HMO OA	70/0	0	5000	6400	NA	0.3492	NA

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Rx Plan Benefit Factors

Description	Current Factor	Revised Factor	% Change
Rx4 10/35/55/25% Simplicity	NA	0.8530	NA
Rx4 10/45/90/25% Simplicity	NA	0.7256	NA
Rx4 10/40/70/25% Simplicity	NA	0.7908	NA
Rx4 10/30/50/25%	NA	0.8906	NA
Rx4 10/30/50/25% 100 ded	NA	0.8032	NA
Rx4 10/35/50/25% 100 ded	NA	0.7805	NA
Rx4 10/35/55/25%	NA	0.8507	NA
Rx4 10/35/55/25% 250 ded	NA	0.6783	NA
Rx4 10/35/70/25% 250 ded	NA	0.6458	NA
Rx4 10/35/75/25%	NA	0.8029	NA
Rx4 10/40/70/25% w/ 3500 OOP	NA	0.8136	NA
Rx4 10/40/70/25% 250 ded	NA	0.6270	NA
Rx4 10/45/70/25%	NA	0.7713	NA
Rx4 10/45/75/25%	NA	0.7571	NA
Rx4 10/45/75/25% 100 ded	NA	0.6805	NA
Rx4 10/45/90/25%	NA	0.7236	NA
Rx4 10/45/90/25% 100 ded	NA	0.6498	NA
Rx4 10/45/90/25%	NA	0.7236	NA
Rx4 10/45/90/25% 100 ded	NA	0.6498	NA
Rx4 10/35/55/25% Walmart/CVS	NA	0.7677	NA
Rx4 10/45/90/25% Walmart/CVS	NA	0.6530	NA
Rx4 10/40/70/25% Walmart/CVS	NA	0.7117	NA
Rx4 10/30/50/25% Walmart/CVS	NA	0.8015	NA
Rx4 10/30/50/25% 100 ded Walmart/CVS	NA	0.7229	NA
Rx4 10/35/50/25% 100 ded Walmart/CVS	NA	0.7024	NA
Rx4 10/35/55/25% Walmart/CVS	NA	0.7656	NA
Rx4 10/35/55/25% 250 ded Walmart/CVS	NA	0.6105	NA
Rx4 10/35/70/25% 250 ded Walmart/CVS	NA	0.5813	NA
Rx4 10/35/75/25% Walmart/CVS	NA	0.7226	NA
Rx4 10/40/70/25% w/ 3500 OOP Walmart/CVS	NA	0.7322	NA
Rx4 10/40/70/25% 250 ded Walmart/CVS	NA	0.5643	NA
Rx4 10/45/70/25% Walmart/CVS	NA	0.6942	NA
Rx4 10/45/75/25% Walmart/CVS	NA	0.6813	NA
Rx4 10/45/75/25% 100 ded Walmart/CVS	NA	0.6124	NA
Rx4 10/45/90/25% Walmart/CVS	NA	0.6513	NA
Rx4 10/45/90/25% 100 ded Walmart/CVS	NA	0.5848	NA
Rx4 10/45/90/25% Walmart/CVS	NA	0.6513	NA
Rx4 10/45/90/25% 100 ded Walmart/CVS	NA	0.5848	NA

Medical Area Factors

	Current	Proposed	% Change from Current
Boulder	NA	1.3483	NA
Colorado Springs	NA	1.2143	NA
Denver	NA	1.1990	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA
Southeast Non-MSA	NA	NA	NA
West Non-MSA	NA	NA	NA

Rx Area Factors

	Current	Proposed	% Change from Current
Boulder	NA	1.2671	NA
Colorado Springs	NA	1.3243	NA
Denver	NA	1.4757	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA

Humana Health Plan - Side by Side Comparison

Southeast Non-MSA	NA	<u>Exhibit L</u>	NA
West Non-MSA	NA		NA

Medical Network Factors**HMO Premier**

	<u>Current</u>	<u>Proposed</u>	<u>% Change from Current</u>
Boulder	NA	1.0000	NA
Colorado Springs	NA	1.0000	NA
Denver	NA	1.0000	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA
Southeast Non-MSA	NA	NA	NA
West Non-MSA	NA	NA	NA

HMOx

	<u>Current</u>	<u>Proposed</u>	<u>% Change from Current</u>
Boulder	NA	NA	NA
Colorado Springs	NA	0.8520	NA
Denver	NA	0.8390	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA
Southeast Non-MSA	NA	NA	NA
West Non-MSA	NA	NA	NA

Plan Name	Metal Tier	Rating Area	Network	Premium
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Boulder	NPOS	\$ 520.75
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Boulder	NPOS	\$ 377.94
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Boulder	NPOS	\$ 433.63
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Boulder	NPOS	\$ 277.70
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Boulder	NPOS	\$ 312.38
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Boulder	NPOS	\$ 249.73
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Boulder	HMO OA	\$ 495.30
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Boulder	HMO OA	\$ 361.01
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Boulder	HMO OA	\$ 412.74
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Boulder	HMO OA	\$ 266.60
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Boulder	HMO OA	\$ 291.80
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Boulder	HMO OA	\$ 239.10
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Colorado Springs	NPOS	\$ 493.89
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Colorado Springs	NPOS	\$ 361.89
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Colorado Springs	NPOS	\$ 411.93
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Colorado Springs	NPOS	\$ 268.88
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	NPOS	\$ 284.41
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	NPOS	\$ 240.35
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Colorado Springs	HMO OA	\$ 504.51
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Colorado Springs	HMO OA	\$ 365.69
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Colorado Springs	HMO OA	\$ 422.70
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Colorado Springs	HMO OA	\$ 269.17
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	HMO OA	\$ 305.60
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	HMO OA	\$ 241.97
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Colorado Springs	HMOx	\$ 480.14
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Colorado Springs	HMOx	\$ 349.57
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Colorado Springs	HMOx	\$ 402.52
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Colorado Springs	HMOx	\$ 258.63
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	HMOx	\$ 285.46
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	HMOx	\$ 231.85
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Denver	NPOS	\$ 479.11
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Denver	NPOS	\$ 350.74
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Denver	NPOS	\$ 401.97
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Denver	NPOS	\$ 261.11
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Denver	NPOS	\$ 278.24
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Denver	NPOS	\$ 233.28
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Denver	HMO OA	\$ 421.14
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Denver	HMO OA	\$ 308.69
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Denver	HMO OA	\$ 353.40
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Denver	HMO OA	\$ 230.15
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Denver	HMO OA	\$ 243.21
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Denver	HMO OA	\$ 205.45
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Denver	HMOx	\$ 416.55
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Denver	HMOx	\$ 307.39
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Denver	HMOx	\$ 349.88
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Denver	HMOx	\$ 230.91
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Denver	HMOx	\$ 233.44
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Denver	HMOx	\$ 205.30

HHP Small Business Non-Grandfathered Rate Manual

HUMANA HEALTH PLAN
This is the rating manual for Humana's Small Business Products.

Development of Composite Rates

The composite rates are calculated as follows:

- 1.) Sum of Individual Rates for all Employees and Dependents
- 2.) Sum of Employees with Single Coverage x Single Composite Coverage Type Factor (1.0).
- 3.) Sum of Employees with EE+CH Coverage x EE+CH Composite Coverage Type Factor (1.9).
- 4.) Sum of Employees with EE+SP Coverage x EE+SP Composite Coverage Type Factor (2.2).
- 5.) Sum of Employees with Family Coverage x Family Composite Coverage Type Factor (3.0).
- 6.) (2) + (3) + (4) + (5)
- 7.) (6) / (1) = Single Composite Rate.
- 8.) (7) x EE+CH Composite Coverage Type Factor = EE+CH Composite Rate.
- 9.) (8) x EE+SP Composite Coverage Type Factor = EE+SP Composite Rate.
- 10.) (9) x Family Composite Coverage Type Factor = Family Composite Rate.

2-9 Size Groups

For 2-9 life cases, rates will be developed for every employee and these rates will be listed on the premium statement.

Composite Rate - Premium Rate Development

The total combined premium PMPMs (per-member-per-month) are converted to composite premium rates based on the coverage type factors shown included in steps 2 through 5 above.

Medical Rating Formula

The medical rates for coverage types are calculated as follows:

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Network Factor
- 4.) x Age Factor
- 5.) x Medical Plan Benefit Factor

Drug Rating Formula

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Age Factor
- 4.) x Rx Plan Benefit Factor

TABLE 1
Index Rates

<u>Date</u>	<u>Medical</u>	<u>Rx</u>
01/01/2014	\$ 337.26	\$ 57.26
02/01/2014	\$ 337.26	\$ 57.26
03/01/2014	\$ 337.26	\$ 57.26
04/01/2014	\$ 343.01	\$ 58.30
05/01/2014	\$ 343.01	\$ 58.30
06/01/2014	\$ 343.01	\$ 58.30
07/01/2014	\$ 348.87	\$ 59.24
08/01/2014	\$ 348.87	\$ 59.24
09/01/2014	\$ 348.87	\$ 59.24
10/01/2014	\$ 354.81	\$ 60.28
11/01/2014	\$ 354.81	\$ 60.28
12/01/2014	\$ 354.81	\$ 60.28

TABLE 2
Area Factors

<u>Rating Area</u>	<u>Medical</u>	<u>Rx</u>
Boulder	1.3483	1.2671
Colorado Springs	1.2143	1.3243
Denver	1.1990	1.4757
Fort Collins	NA	NA
Grand Junction	NA	NA
Greeley	NA	NA
Northeast Non-MSA	NA	NA
Pueblo	NA	NA
Resort	NA	NA
Southeast Non-MSA	NA	NA
West Non-MSA	NA	NA

TABLE 3
Network Factors

	Boulder	Colorado Springs	Denver
Network Description	Network Factor	Network Factor	Network Factor
NPOS/HMO Premier	1.0000	1.0000	1.0000
HMOx	NA	0.8520	0.8390

TABLE 4
Age Factors

<i><u>Age</u></i>	<i><u>Factor</u></i>	<i><u>Age</u></i>	<i><u>Factor</u></i>
0-20	0.635	43	1.357
21	1.000	44	1.397
22	1.000	45	1.444
23	1.000	46	1.500
24	1.000	47	1.563
25	1.004	48	1.635
26	1.024	49	1.706
27	1.048	50	1.786
28	1.087	51	1.865
29	1.119	52	1.952
30	1.135	53	2.040
31	1.159	54	2.135
32	1.183	55	2.230
33	1.198	56	2.333
34	1.214	57	2.437
35	1.222	58	2.548
36	1.230	59	2.603
37	1.238	60	2.714
38	1.246	61	2.810
39	1.262	62	2.873
40	1.278	63	2.952
41	1.302	64+	3.000
42	1.325		

TABLE 5
Medical Plan Factor

<i>Plan ID</i>	<i>Metal Tier</i>	<i>Plan Name</i>	<i>Coins</i>	<i>PCP Copay</i>	<i>PCP Ded</i>	<i>PCP OOP</i>	<i>Rx</i>	<i>Factor</i>
74320CO041								
0001	Gold	Trad Copay NPOS	100/70	25	500	4000	Rx4 10/30/50/25%	0.8103
0002	Gold	Trad Copay NPOS	100/70	25	1000	4000	Rx4 10/30/50/25%	0.7473
0003	Silver	Trad Copay NPOS	100/70	30	1500	6350	Rx4 10/45/70/25%	0.6700
0004	Silver	Trad Copay NPOS	100/70	30	2000	6350	Rx4 10/35/55/25%	0.6306
0005	Silver	Trad Copay NPOS	100/70	35	2000	5000	Rx4 10/45/90/25% 100 ded	0.6401
0006	Silver	Trad Copay NPOS	90/60	30	1500	6350	Rx4 10/45/90/25% 100 ded	0.6145
0007	Silver	Trad Copay NPOS	90/60	30	2000	6350	Rx4 10/45/90/25%	0.5899
0008	Gold	Trad Copay NPOS	80/50	25	500	4000	Rx4 10/30/50/25%	0.6386
0009	Gold	Trad Copay NPOS	80/50	25	1000	4000	Rx4 10/30/50/25%	0.5938
0010	Silver	Trad Copay NPOS	80/50	40	1500	5000	Rx4 10/45/75/25% 100 ded	0.5326
0011	Silver	Trad Copay NPOS	80/50	30	2000	6350	Rx4 10/45/75/25%	0.4969
0012	Silver	Trad Copay NPOS	80/50	30	2000	6350	Rx4 10/35/70/25% 250 ded	0.4969
0013	Silver	Trad Copay NPOS	80/50	45	2000	5000	Rx4 10/35/50/25% 100 ded	0.5065
0014	Gold	Trad Copay NPOS	70/50	20	1000	4000	Rx4 10/30/50/25%	0.5633
0015	Silver	Trad Copay NPOS	70/50	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.4715
0016	Silver	Trad Copay NPOS	70/50	40	2000	6350	Rx4 10/35/55/25% 250 ded	0.4650
0017	Silver	Trad Copay NPOS	60/50	30	2000	6350	Rx4 10/45/75/25% 100 ded	0.4483
0018	Silver	Trad Copay NPOS	60/50	35	2000	6350	Rx4 10/35/75/25%	0.4455
0019	Silver	Trad Copay NPOS	60/50	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.4402
0020	Silver	Trad Copay NPOS	50/50	25	2000	6350	Rx4 10/35/75/25%	0.4059
0021	Silver	Trad Copay NPOS	50/50	30	2000	6350	Rx4 10/30/50/25% 100 ded	0.3925
0022	Silver	Trad Copay NPOS	50/50	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.3995
0023	Silver	Trad Copay NPOS	50/50	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.3938
0024	Gold	EHDHP NPOS	100/70	0	2000	2000	ded/c	0.8766
0025	Bronze	EHDHP NPOS	90/60	0	5000	6350	ded/c	0.5714
0026	Silver	EHDHP NPOS	80/50	0	2000	6350	ded/c	0.6548
0027	Bronze	EHDHP NPOS	80/50	0	4000	6350	ded/c	0.5232
0028	Bronze	EHDHP NPOS	80/50	0	5000	6350	ded/c	0.4870
0029	Silver	EHDHP NPOS	70/50	0	1500	6350	ded/c	0.6335
0030	Bronze	EHDHP NPOS	70/50	0	3500	6350	ded/c	0.5175
0031	Gold	HDHP NPOS	100/70	0	1750	1750	ded/c	0.8937
0032	Bronze	HDHP NPOS	100/70	0	5500	5000	ded/c	0.5615
0033	Silver	HDHP NPOS	80/50	0	1500	6350	ded/c	0.6888
0034	Bronze	HDHP NPOS	80/50	0	4000	6350	ded/c	0.5081
0035	Gold	EHDHP Walmart/CVS NPOS	100/70	0	2000	2000	ded/c	0.8678
0036	Bronze	EHDHP Walmart/CVS NPOS	90/60	0	5000	6350	ded/c	0.5656
0037	Silver	EHDHP Walmart/CVS NPOS	80/50	0	2000	6350	ded/c	0.6483
0038	Bronze	EHDHP Walmart/CVS NPOS	80/50	0	4000	6350	ded/c	0.5180
0039	Bronze	EHDHP Walmart/CVS NPOS	80/50	0	5000	6350	ded/c	0.4821
0040	Silver	EHDHP Walmart/CVS NPOS	70/50	0	1500	6350	ded/c	0.6271

<u>Plan ID</u>	<u>Metal Tier</u>	<u>Plan Name</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Rx</u>	<u>Factor</u>
0041	Bronze	EHDHP Walmart/CVS NPOS	70/50	0	3500	6350	ded/c	0.5123
0042	Gold	HDHP Walmart/CVS NPOS	100/70	0	1750	1750	ded/c	0.8847
0043	Bronze	HDHP Walmart/CVS NPOS	100/70	0	5500	5000	ded/c	0.5559
0044	Silver	HDHP Walmart/CVS NPOS	80/50	0	1500	6350	ded/c	0.6819
0045	Bronze	HDHP Walmart/CVS NPOS	80/50	0	4000	6350	ded/c	0.5031
0046	Gold	Simplicity NPOS	100/70	30	0	6350	SRx4 10/35/55/25%	0.6533
0047	Silver	Simplicity NPOS	100/70	45	0	6350	SRx4 10/45/90/25%	0.4725
0048	Silver	Simplicity NPOS	100/70	50	0	6350	SRx4 10/40/70/25%	0.3975
0049	Silver	Coins NPOS	80/50	0	2000	5000	Rx4 10/45/90/25%	0.5046
0050	Silver	Coins NPOS	70/50	0	1500	5000	Rx4 10/45/90/25%	0.5001
0051	Bronze	Coins NPOS	70/50	0	5000	6350	Rx4 10/45/90/25% 100 ded	0.3634
74320CO040, 74320CO039								
0001	Gold	Trad Copay HMO OA	100/0	25	500	4000	Rx4 10/30/50/25%	0.7806
0002	Gold	Trad Copay HMO OA	100/0	25	1000	4000	Rx4 10/30/50/25%	0.7227
0003	Silver	Trad Copay HMO OA	100/0	30	1500	6350	Rx4 10/45/70/25%	0.6501
0004	Silver	Trad Copay HMO OA	100/0	30	2000	6350	Rx4 10/35/55/25%	0.6122
0005	Silver	Trad Copay HMO OA	100/0	35	2000	5000	Rx4 10/45/90/25% 100 ded	0.6207
0006	Silver	Trad Copay HMO OA	90/0	30	1500	6350	Rx4 10/45/90/25% 100 ded	0.5951
0007	Silver	Trad Copay HMO OA	90/0	30	2000	6350	Rx4 10/45/90/25%	0.5718
0008	Gold	Trad Copay HMO OA	80/0	25	500	4000	Rx4 10/30/50/25%	0.6127
0009	Gold	Trad Copay HMO OA	80/0	25	1000	4000	Rx4 10/30/50/25%	0.5716
0010	Silver	Trad Copay HMO OA	80/0	40	1500	5000	Rx4 10/45/75/25% 100 ded	0.5140
0011	Silver	Trad Copay HMO OA	80/0	30	2000	6350	Rx4 10/45/75/25%	0.4811
0012	Silver	Trad Copay HMO OA	80/0	30	2000	6350	Rx4 10/35/70/25% 250 ded	0.4811
0013	Silver	Trad Copay HMO OA	80/0	45	2000	5000	Rx4 10/35/50/25% 100 ded	0.4886
0014	Gold	Trad Copay HMO OA	70/0	20	1000	4000	Rx4 10/30/50/25%	0.5409
0015	Silver	Trad Copay HMO OA	70/0	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.4552
0016	Silver	Trad Copay HMO OA	70/0	40	2000	6350	Rx4 10/35/55/25% 250 ded	0.4483
0017	Silver	Trad Copay HMO OA	60/0	30	2000	6350	Rx4 10/45/75/25% 100 ded	0.4322
0018	Silver	Trad Copay HMO OA	60/0	35	2000	6350	Rx4 10/35/75/25%	0.4293
0019	Silver	Trad Copay HMO OA	60/0	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.4239
0020	Silver	Trad Copay HMO OA	50/0	25	2000	6350	Rx4 10/35/75/25%	0.3907
0021	Silver	Trad Copay HMO OA	50/0	30	2000	6350	Rx4 10/30/50/25% 100 ded	0.3769
0022	Silver	Trad Copay HMO OA	50/0	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.3840
0023	Silver	Trad Copay HMO OA	50/0	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.3783
0024	Gold	EHDHP HMO OA	100/0	0	2000	2000	ded/c	0.8656
0025	Bronze	EHDHP HMO OA	90/0	0	5000	6350	ded/c	0.5590
0026	Silver	EHDHP HMO OA	80/0	0	2000	6350	ded/c	0.6413
0027	Bronze	EHDHP HMO OA	80/0	0	4000	6350	ded/c	0.5087
0028	Bronze	EHDHP HMO OA	80/0	0	5000	6350	ded/c	0.4719
0029	Silver	EHDHP HMO OA	70/0	0	1500	6350	ded/c	0.6178
0030	Bronze	EHDHP HMO OA	70/0	0	3500	6350	ded/c	0.5029

<u>Plan ID</u>	<u>Metal Tier</u>	<u>Plan Name</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Rx</u>	<u>Factor</u>
0031	Gold	HDHP HMO OA	100/0	0	1750	1750	ded/c	0.8830
0032	Bronze	HDHP HMO OA	100/0	0	5500	5000	ded/c	0.5536
0033	Silver	HDHP HMO OA	80/0	0	1500	6350	ded/c	0.6752
0034	Bronze	HDHP HMO OA	80/0	0	4000	6350	ded/c	0.4945
0035	Gold	EHDHP Walmart/CVS HMO OA	100/0	0	2000	2000	ded/c	0.8569
0036	Bronze	EHDHP Walmart/CVS HMO OA	90/0	0	5000	6350	ded/c	0.5534
0037	Silver	EHDHP Walmart/CVS HMO OA	80/0	0	2000	6350	ded/c	0.6349
0038	Bronze	EHDHP Walmart/CVS HMO OA	80/0	0	4000	6350	ded/c	0.5036
0039	Bronze	EHDHP Walmart/CVS HMO OA	80/0	0	5000	6350	ded/c	0.4672
0040	Silver	EHDHP Walmart/CVS HMO OA	70/0	0	1500	6350	ded/c	0.6117
0041	Bronze	EHDHP Walmart/CVS HMO OA	70/0	0	3500	6350	ded/c	0.4979
0042	Gold	HDHP Walmart/CVS HMO OA	100/0	0	1750	1750	ded/c	0.8741
0043	Bronze	HDHP Walmart/CVS HMO OA	100/0	0	5500	5000	ded/c	0.5480
0044	Silver	HDHP Walmart/CVS HMO OA	80/0	0	1500	6350	ded/c	0.6684
0045	Bronze	HDHP Walmart/CVS HMO OA	80/0	0	4000	6350	ded/c	0.4895
0046	Gold	Simplicity HMO OA	100/0	30	0	6350	SRx4 10/35/55/25%	0.6403
0047	Silver	Simplicity HMO OA	100/0	45	0	6350	SRx4 10/45/90/25%	0.4512
0048	Silver	Simplicity HMO OA	100/0	50	0	6350	SRx4 10/40/70/25%	0.3729
0049	Silver	Coins HMO OA	80/0	0	2000	5000	Rx4 10/45/90/25%	0.4891
0050	Silver	Coins HMO OA	70/0	0	1500	5000	Rx4 10/45/90/25%	0.4833
0051	Bronze	Coins HMO OA	70/0	0	5000	6350	Rx4 10/45/90/25% 100 ded	0.3492

TABLE 6
Rx Plan Benefit Factors

<u>Rx Plan</u>	<u>Rx Plan Benefit Factor</u>	<u>Walmart/CVS Rx Plan Benefit Factor</u>
Rx4 10/35/55/25% Simplicity	0.8530	0.7677
Rx4 10/45/90/25% Simplicity	0.7256	0.6530
Rx4 10/40/70/25% Simplicity	0.7908	0.7117
Rx4 10/30/50/25%	0.8906	0.8015
Rx4 10/30/50/25% 100 ded	0.8032	0.7229
Rx4 10/35/50/25% 100 ded	0.7805	0.7024
Rx4 10/35/55/25%	0.8507	0.7656
Rx4 10/35/55/25% 250 ded	0.6783	0.6105
Rx4 10/35/70/25% 250 ded	0.6458	0.5813
Rx4 10/35/75/25%	0.8029	0.7226
Rx4 10/40/70/25% with 3500 OOP	0.8136	0.7322
Rx4 10/40/70/25% 250 ded	0.6270	0.5643
Rx4 10/45/70/25%	0.7713	0.6942
Rx4 10/45/75/25%	0.7571	0.6813
Rx4 10/45/75/25% 100 ded	0.6805	0.6124
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848

	Product Type	Tier	Coins	Ded	OOP	IP Copay	OP Copay	PCP/MH	SPC	ER	AI	RX
001	Simplicity	Gold	100%	0	6350	350	350	30	55	250	250	Rx4 10/35/55/25%
002	Simplicity	Silver	100%	0	6350	1000	1000	45	85	500	500	Rx4 10/45/90/25%
003	Simplicity	Silver	100%	0	6350	1500	1500	50	100	600	600	Rx4 10/40/70/25%

	Product Type	Tier	Coins	Ded	OOP	IP Copay	OP Copay	PCP/MH	SPC	ER	AI	RX
001	Trad Copay	Gold	100%	500	4000	ded/c	ded/c	25	40	250	ded/c	Rx4 10/30/50/25%
002	Trad Copay	Gold	100%	1000	4000	ded/c	ded/c	25	40	250	ded/c	Rx4 10/30/50/25%
003	Trad Copay	Silver	100%	1500	6350	ded/c	ded/c	30	65	250	ded/c	Rx4 10/45/70/25%
004	Trad Copay	Silver	100%	2000	6350	ded/c	ded/c	30	60	300	ded/c	Rx4 10/35/55/25%
005	Trad Copay	Silver	100%	2000	5000	ded/c	ded/c	35	55	300	ded/c	Rx4 10/45/90/25% 100 ded
006	Trad Copay	Silver	90%	1500	6350	ded/c	ded/c	30	80	500	ded/c	Rx4 10/45/90/25% 100 ded
007	Trad Copay	Silver	90%	2000	6350	ded/c	ded/c	30	75	350	ded/c	Rx4 10/45/90/25%
008	Trad Copay	Gold	80%	500	4000	ded/c	ded/c	25	40	250	ded/c	Rx4 10/30/50/25%
009	Trad Copay	Gold	80%	1000	4000	ded/c	ded/c	25	40	250	ded/c	Rx4 10/30/50/25%
010	Trad Copay	Silver	80%	1500	5000	ded/c	ded/c	40	65	500	ded/c	Rx4 10/45/75/25% 100 ded
011	Trad Copay	Silver	80%	2000	6350	ded/c	ded/c	30	75	350	ded/c	Rx4 10/45/75/25%
012	Trad Copay	Silver	80%	2000	6350	ded/c	ded/c	30	75	350	ded/c	Rx4 10/35/70/25% 250 ded
013	Trad Copay	Silver	80%	2000	5000	ded/c	ded/c	45	70	500	ded/c	Rx4 10/35/50/25% 100 ded
014	Trad Copay	Gold	70%	1000	4000	ded/c	ded/c	20	45	250	ded/c	Rx4 10/30/50/25%
015	Trad Copay	Silver	70%	2000	6350	ded/c	ded/c	35	60	350	ded/c	Rx4 10/45/75/25% 100 ded
016	Trad Copay	Silver	70%	2000	6350	ded/c	ded/c	40	70	350	ded/c	Rx4 10/35/55/25% 250 ded
017	Trad Copay	Silver	60%	2000	6350	ded/c	ded/c	30	60	350	ded/c	Rx4 10/45/75/25% 100 ded
018	Trad Copay	Silver	60%	2000	6350	ded/c	ded/c	35	55	350	ded/c	Rx4 10/35/75/25%
019	Trad Copay	Silver	60%	2000	6350	ded/c	ded/c	40	70	500	ded/c	Rx4 10/40/70/25% 250 ded
020	Trad Copay	Silver	50%	2000	6350	ded/c	ded/c	25	40	350	ded/c	Rx4 10/35/75/25%
021	Trad Copay	Silver	50%	2000	6350	ded/c	ded/c	30	75	500	ded/c	Rx4 10/30/50/25% 100 ded
022	Trad Copay	Silver	50%	2000	6350	ded/c	ded/c	35	60	350	ded/c	Rx4 10/45/75/25% 100 ded
023	Trad Copay	Silver	50%	2000	6350	ded/c	ded/c	40	70	500	ded/c	Rx4 10/40/70/25% 250 ded

	Product Type	Tier	Coins	Ded	OOP	IP Copay	OP Copay	PCP/MH	SPC	ER	AI	RX
001	HDHP	Gold	100%	1750	1750	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
002	HDHP	Bronze	100%	5500	5500	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
003	HDHP	Silver	80%	1500	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
004	HDHP	Bronze	80%	4000	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c

	Product Type	Tier	Coins	Ded	OOP	IP Copay	OP Copay	PCP/MH	SPC	ER	AI	RX
001	EHDHP	Gold	100%	2000	2000	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
002	EHDHP	Bronze	90%	5000	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
003	EHDHP	Silver	80%	2000	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
004	EHDHP	Bronze	80%	4000	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
005	EHDHP	Bronze	80%	5000	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
006	EHDHP	Silver	70%	1500	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c
007	EHDHP	Bronze	70%	3500	6350	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c	ded/c

[illegible]

General Information

This filing is for the 1-50 small group market, with an effective date of 01/01/2014.

Company Identifying Information:

Company Legal Name: **Humana Health Plan**
 State: **CO**
 HIOS Issuer ID: **74320**
 Market: **Small Group**
 Effective Date: **01/01/2014**

Company Contact Information:

Primary Contact Name: **Jason Hill**
 Primary Contact Telephone Number: **920-337-5488**
 Primary Contact Email Address: **jhill11@humana.com**

Purpose:

The purpose of this actuarial memorandum is to provide supporting justification to the Unified Rate Review template with the goal of demonstrating compliance with the market rating rules, as well as reasonableness of any proposed rates.

In addition, this actuarial memorandum provides required actuarial certifications related to:

- the methodology used to calculate the AV Metal Value for each plan
- the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based
- the index rate is developed in accordance with federal regulations and the index rate along with allowable modifiers are used in the development of plan specific premium

This filing should be used for no other purposes.

This memorandum was prepared by a qualified actuary, and is intended to be reviewed by a qualified actuary.

Proposed Rate Increase(s)Reason for Rate Increase(s):

For 1/1/2014, the company is issuing all new products that comply with the requirements of the Affordable Care Act and is terminating all non-grandfathered products issued before 1/1/2014. In accordance with HHS regulations, the proposed rate increase for all new plans is zero percent.

Experienced Period Premium and Claims

Paid Through Date: The date through which payments have been made on Claims incurred during the experience period is:

03/31/2013

Premiums (net of MLR Rebate) in Experience Period:

Premiums net of MLR rebate:	\$	41,037,073
MLR Rebates:	\$	-
Estimated Rebates to be included:	\$	-

The basis for the Humana Small Business rebate forecast is forecasted membership, premium, claims (including quality improvement expenditures), and expenses at the state and legal entity level. These forecasted metrics are run through a simulated rebate model, where the various components of rebate legislation are applied. The most impactful adjustments include the credibility adjustment (based on forecasted member months) and the adjustment to remove taxes and licensing fees from premium. These items are combined to estimate the Rebate Calculation Ratio (RCR), which is then compared against the 80% threshold for the Small Business segment to calculate final expected rebates.

Allowed and Incurred Claims Incurred During the Experience Period

	Allowed Claims	Incurred Claims
Claims that were processed through the issuer's claim system	\$ 41,068,876	\$ 31,752,859
Claims that were processed outside the issuer's claim system	\$ -	\$ -
Claims incurred but not paid as of paid through date	\$ 486,724	\$ 376,316

Allowed claims come directly from the an issuer's claims system after eligibility and network discounts are applied, allowed medical claims, allowed Rx claims, and member capitation payments are combined to populate the experience period data above. Member cost sharing is removed from the allowed claims to report the incurred claims entered above.

To estimate incurred claims, all commercial claims experience is segregated by legal entity, processing platform, product, geography and claim category so that appropriate balance of homogeneity and credible size is maintained. The segmentation logic is reviewed at least annually or when significant changes in the block occur (e.g. acquisitions). The paid-to-incurred claim triangles for each block are used to develop completion factors that are applied to each incurred month to estimate ultimate incurred amounts. Estimated ultimate incurred claims for the most recent twelve months are then adjusted for pending claims if there is a material variance from historical levels. Finally, the completion factors and estimated ultimate incurred claims are reviewed and may be changed to account for known anomalies in the data that may have distorted the calculation. The difference between the estimated ultimate incurred claims and the current paid-to-date amounts is the estimate of the incurred but not paid claims for each incurred month. In the calculation process, completion factors, per typical actuarial practice, are not permitted to be greater than 1.00. That is, no coverage month is permitted to have an incurred claim estimate less than the amount of claims paid to date even though historical experience may indicate that this is likely due to future claim recoveries.

For each month of incurred, the incurred but not reported amount equals the incurred claims estimate minus claims paid to date. Follow-up studies, including monthly historical reserve restatement analyses, are regularly performed to test the accuracy of the reserving methodology and suggest possible improvements.

Allowed but not reported estimates are developed utilizing the combination of the incurred but not reported estimate and the incurred to allowed ratio of historical claims.

Benefit Categories

The Benefit Categories are defined as follows:

Inpatient Hospital: Includes non-capitated services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital: Includes non-capitated services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility. The Outpatient Hospital benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Outpatient Surgery and Emergency Room, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Outpatient Therapy or MRI, services are used for the measurement units.

Professional: Includes non-capitated primary care, specialist, therapy, laboratory, radiology, and other professional services not billed by the facility. The Professional benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Primary Care or Specialist Office visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Therapy or MRI, services are used for the measurement units.

Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services. The Other Medical benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Home Health visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as DME, services are used for the measurement units.

Capitation: Includes all services provided under one or more capitated arrangements.

Prescription Drug: Includes drugs dispensed by a pharmacy. This amount should be net of rebates received from drug manufacturers.

Projection Factors

0.0%	<p><u>Changes in the Morbidity of the Population Insured:</u></p> <p>This adjustment is intended to capture the change in underlying morbidity for the risk pool in 2014 compared to the current risk pool. In the small group market, the company is projecting little to no impact due to this projected factor in 2014. This industry morbidity assumption is based on a number of third-party industry wide studies and a nationwide internal analysis.</p>
1.8%	<p><u>Changes in Benefits:</u></p> <p>All new plans must cover the essential health benefits package in 2014. The specifics of the essential health benefits are contained within the benchmark plan selected in each state. There are number benefits that are considered to require rate increases in the small group market: women's preventive health, behavioral services and other state-specific services outlined in the benchmark plan and currently not reflected in the experience period data. Seven months of the experience period does not include the expected cost from the Women's Preventive Legislation and has been allocated as a percent of premium. The rate increase associated with this benefit change is .7%.</p> <p>Federal Mental Health Parity requirements is currently not in the experience period, the rate increase associated with this benefit change is .3%.</p> <p>For this state and legal entity, this list of other state specific services outlined in the benchmark plan include: Pediatric Dental and Vision, Cochlear implants, Prosthetics, and Tobacco Cessation. The rate increase associated with these benefits changes is .7712%.</p>
0.0%	<p><u>Changes in Demographics:</u></p> <p>The company is assuming the same average mix of population by age, gender, and region in the projected period as in the underlying base period experience.</p>
-3.0%	<p><u>Other adjustments:</u></p> <p>This adjustment is intended to capture the change in the company's existing risk as it converges to the market average risk due to lack of underwriting. This percentage was estimated based on a study performed by Wakely Consulting which developed the risk of each carrier's book of business relative to the small group market in the state.</p>
13.0%	<p><u>Trend Factors (cost/utilization):</u></p> <p>The cost trend captures pure unit cost changes from midpoint 2012 to midpoint 2014, calculated using the same basket of services each period, due to price/contract negotiations and provider distribution changes.</p> <p>Inpatient Hospital, Outpatient Hospital, Professional, Capitation and Other Medical cost trends are developed based on historical area specific cost trends from Humana's Small Commercial block of business data. Future cost trends are developed based on expected changes in Humana's Commercial contracts. Pharmacy cost trends are developed based on historical brand, generic, and specialty drug trends from Humana's Commercial data. Future cost trends are developed based on expected changes in these pharmacy contracts. These contractual impacts will be applicable to all members regardless of risk class.</p> <p>Utilization trend: Using Humana's Trend Quantification and Projection model, a baseline utilization trend is developed using Humana's Small Commercial block of business historical medical claims data from 2008 - 2012. The historical baseline utilization trend is developed by removing all known impacts to utilization net trend such as demographics, geography, duration, customer changes, benefit changes, new health technologies, utilization management initiatives, and changes in pertinent days. An economic regression model, based on consumer sentiment, personal disposable income, hospital construction, and high-tech medical equipment spend, is then fit to this historical baseline utilization data to project the future block of business baseline utilization trend for 2013 and 2014.</p> <p>A midpoint to midpoint methodology is applied to determine the applicable baseline utilization trend, which incorporates 2012q3 and 2012q4 actual results at the state and legal entity level with the block of business baseline utilization trend for 2013 and 2014. This results in baseline utilization trends that vary at the state and legal entity level.</p> <p>Other components are added to the baseline utilization trend to develop the total utilization trend provided. These include the following:</p> <ul style="list-style-type: none"> • Pertinent days – Captures changes in the calendar, recognizing that health care utilization varies by day of the week and reporting periods contain varying weekday mix and count. This impact is developed through the use of an external consultant's model which is uploaded with Humana's Commercial claims data. • New Health Technologies – Captures the impact of new health technologies and procedures. An external consulting firm researches new technologies and develops per member per month impacts. These impacts are customized to Humana's Commercial business based on membership and coverage policy. • Management Initiatives – Captures savings for Humana initiatives designed to bend trend by managing utilization, such as case management, disease management, and nurse programs. These initiatives are evaluated by an internal actuarial organization tasked with evaluating the effectiveness of the initiatives. Evaluations are done through a collaborative effort involving clinical and other operational areas. Projected savings are calculated by determining prospective changes to impacted metric values, which are determined by analyzing historical metric values as well as through discussions with clinical and operational areas. Savings are reviewed with leadership to ensure appropriateness of assumptions. <p>This describes the development of the core utilization trend. All impacts from healthcare reform have been removed and are included in the "Population Risk/Morbidity" and "Other" adjustments from Worksheet 1 to prevent double counting of any impacts.</p>

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used:

For markets that are fully credible, the source data used to develop the manual rate is the 12-month experience period for the market for which rates are being submitted. For markets that are not fully credible and the issuer has another legal entity within the state that is fully credible, the source data used to develop the manual rates is a blend of 12-month experience period of another fully credible legal entity from the same state and the 12-month experience period for which rates are being submitted. For markets that are not fully credible and the issuer does not have another legal entity from the same state that is fully credible, the source data used to develop the manual rates is a blend of the 12-month experience period from similar products nationwide and the 12-month experience period for which rates are being submitted.

Since this market is considered fully credible, the source data used to develop the manual rates for this submission is the 12-month experience period.

Adjustments Made to the Data:

No adjustments made to the data, this source data is fully credible.

Inclusion of Capitation Payments:

No adjustments made to the data, capitation payments are already included within the source data.

Credibility of Experience

Description of the Credibility Methodology Used:

A value of 24,000 member-months of experience is assumed to be fully credible, this value was derived based on analyzing historical experience. Our credibility weight methodology utilizes the following equation: $\sqrt{\text{member months in experience period}/24000}$.

Resulting Credibility Level Assigned to Base Period Experience when applying the proposed credibility methodology:

1.00

Paid to Allowed Ratio

The anticipated paid to allowed average factor over the projection period was developed by separately considering the anticipated paid to allowed factors by each plan tier.

Once calculated, projected member month weights for each plan tier (consistent with those provided in Worksheet 2) were applied to these paid to allowed factors to produce an overall anticipated paid to allowed average factor of 75.1%.

The plan tier paid to allowed factors were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. These values were developed in accordance with generally accepted actuarial principles and methodologies.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM:

The adjustment factor to account for Humana's expected transfer amount due to the risk adjustment process was derived from our participation in a study by Wakely Consulting, an actuarial consulting firm. Wakely generated an analysis of carrier risk scores in several states based on the carrier's small group experience. Wakely generated the analysis in states where at least 80% of the insured membership in a state's small group market was included through carrier participation in the study. For the carriers that participated in the study, Wakely received a summary of their membership and de-identified claim experience so that Wakely could generate HCC risk scores for all of the carriers small group membership based on the risk adjuster scoring methodology outlined by HHS. Each carrier was supplied a summary exhibit that showed the average risk score, expected risk score, average actuarial value, average rate factor, and induced demand factor for their small group block of business. Wakely generated the expected transfer amount for each carrier based on this study. Humana then applied an expected transfer amount based on the difference in our average premium per member to the state average small group premium per member taken from the 2011 MLR rate filing experience supplied by CCIIO. The combination of the transfer amount and the difference between our average premium and the state average premium would produce the needed adjustment to our index rate for the expected risk adjuster transfer amount.

The projected risk adjustment is \$ 19.46 PMPM for this state and legal entity.

Reinsurance: Projected ACA reinsurance recoveries as a percent of premium have been accounted for in the Taxes and Fees percentage detailed

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only):

This does not apply to the small group market.

Non-Benefit Expenses and Profit & Risk

Expenses are based on our internal forecast for 2014. Expenses are estimated based off of current costs, projected volume changes and estimated changes in department workload. These expenses are simply loaded as a flat percentage of premium at this point in time and do not vary by product or plan.

13.4% Administrative Expense Load

- Broker & Sales Commissions: Compensation expenses associated with business issued through an agent or agency
- Quality Expenses: Expenses associated with quality that are allowed adjustments under the Medical Loss Ratio standards
- Clinical & Network Operations: non-quality clinical costs, provider contracting, and network maintenance & development
- IT Expenses: costs associated with maintenance and development of systems
- Customer Service & Account Installation: call center, customer service, and account management
- Corporate Administration: shared functions that are not exclusive to small group medical segment, including corporate finance, legal, human resources, etc.
- Small Group Administration: functional areas & personnel that solely work on small group medical segment

- Direct Response, Marketing, & Agency Management: direct to consumer marketing expenses, other marketing expenses and agency management expenses

2.2% Profit (or Contribution to Surplus) & Risk Margin

- Profit margin is shown on a pre- tax basis and does not include investment income. The margin shown does not vary by product or plan.

3.3% Taxes and Fees

- 0.4% •State Premium Tax: state premium tax; charged on a percentage of premium

- 1.30% •Federal Insurer Annual Fee: assessment created in 2014 by PPACA. Estimated at 1.3% of premium. Not income tax deductible.

- 1.50% •Federal Reinsurance Assessment Fee: assessment created in 2014 by PPACA. Estimated at 1.5% of premium.

- 0.02% •Risk Adjuster Fee: charged on a percentage of premium basis to fund the risk adjuster process

- 0.05% •Comparative Effectiveness Fee: charged on a percentage of premium to fund comparative research conduct research evaluating and comparing health outcomes and the clinical effectiveness, risks and benefits of medical treatments.

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology is :

Demonstration:

$$(2014 \text{ Claims}/2014 \text{ Premium}) + (\text{Quality Expenses as a \% of Premium}) / (1 - \text{Taxes and Fees as a \% of Premium})$$

$$((47,717,597 / 59,650,362) + 1.6\%) / (1 - 3.3\%) =$$

84.4%

For this state and legal entity name, the projected loss ratio reported above was estimated using the 2-50 group segment experience, this does not align with the state's small business definition for calculating MLR rebates.

If the projected loss ratio is less than 80%, then the company comply with the Federal MLR requirements outlined in PHSA 2718

Index Rate

The Experience Period is for coverage months between January 2012 and December 2012, over which time the covered benefits offered by the company were leaner than The Essential Health benefits required by the Affordable Care Act. Therefore, the index rate for the Experience Period is set equal to the total Allowed Claims PMPM in the Experience Period, with EHB pricing assumptions used to approximate the portion of the rate which covers EHB requirements in the projected period.

There are no state mandated covered benefits that are included in allowed claims but excluded from the index rate.

The following market-wide adjustments are applied to the projected index rate as the first step in determining plan level "index" rates:

1) Adjustments for the net impacts of both risk adjustment and reinsurance. See "Risk Adjustment and Reinsurance" earlier section for more details of this market-wide adjustment.

2) Expense estimates were based on our internal forecast for 2014. They were estimated based on current costs, modified to accommodate projected volume changes and changes in department workload. These are presented as a flat percentage of premium at this point in time and do not vary by product or plan, and thus are essentially another market-wide adjustment applied to the projected index rate.

3) An adjustment for the addition of non-EHB benefits (additional benefits we provide at our own discretion, as well as any state mandated benefits not reflected in the benchmark plan). It is assumed that the addition of such benefits increases costs to all plans uniformly, hence it is essentially handled as a market-wide adjustment.

Then the following plan-specific adjustments are applied to determine plan level "index" rates:

4) Each of the plan tier pricing actuarial values (AVs) were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. The data used to produce the small group pricing AVs was based on a standard population of commercially insured membership purchased from a third party vendor. Then, the 2014 plan design parameters were applied to those allowed claims to produce paid claims and pricing AV's. The company did not use the experience of the terminating products when determining the pricing adjustment due to the low membership on any particular plan which makes the experience not credible. These values were developed in accordance with generally accepted actuarial principles and methodologies.

5) The development of the index rate includes the anticipated average unit costs derived from the provider networks that will be available on this legal entity in this state. These average unit costs are the result of charge levels, network discounts, delivery system characteristics and utilization management practices across the entire state, for this legal entity.

6) The impact of Non-EHBs on the index rate is 0.08%.

AV Metal Values

The AV Metal Values entered in Worksheet 2 of the Part I Unified Rate Review Template were entirely based on the AV calculator unless listed below. For those plans listed below, an alternative methodology was used to generate AV Metal Values and a copy of the actuarial certification required by 45 CFR Part 156, §156.135 has been provided for each occurrence along with this memorandum. For each actuarial certification, the chosen alternate methodology and the reason the benefits for a particular plan are not compatible with the AV Calculator are detailed. Each certification has been signed by a member of the American Academy of Actuaries, and the generated AV Metal values were developed in accordance with generally accepted actuarial principles and methodologies.

Below is the list of plans where an alternative methodology was used to generate AV Metal Values:

All plans were entirely based on the AV calculator.

AV Pricing Values

The fixed reference plan selected as the basis for the AV Pricing Values is: 74320CO0410011

Membership Projections

The company is terminating all non-grandfathered plans issued before 1/1/2014 and is projecting that groups will renew on similar plans throughout 2014. The membership projections found in Worksheet 2 of the Part I Unified Rate Review Template are based mapping membership from non-ACA compliant plans to 2014 ACA compliant plans. The overall membership volume is adjusted for anticipated market growth, in-force persistency, and relative competitiveness via our internal market level projection models.

Terminated Products

The product names being terminated prior to the effective date have been listed below. The list encompasses both products that have experience included in the single risk pool during the experience period and any products that were not in effect during the experience but were made available thereafter.

List of Terminated Products:

74320CO001
74320CO002
74320CO004
74320CO005
74320CO006
74320CO007
74320CO008
74320CO011
74320CO012
74320CO015
74320CO023
74320CO024
74320CO025
74320CO027
74320CO031
74320CO032
74320CO033
74320CO037
74320CO038

Plan Type

The plan types selected in the drop-down boxes in Worksheet 2, Section I of the Part I Unified Rate Review Template for each of the company's plans do not require further explanation. The company's plan types align with the definitions found on the Healthcare.gov website.

Warning Alerts

Benefit Category	Utilization	Utilization	Average	PMPM	Pop'l risk				Utilization per	Average	PMPM			
	Description	per 1,000	Cost/Service		Morbidity	Other	Cost	Util	1,000	Cost/Service				
A.	Inpatient Hospital	Days	197.51	\$5,063.70	\$	1.000	0.987	1.052	0.948	177.50	\$	5,532.71	\$	
	Outpatient Hospital	Services	1,938.80	564.97		1.000	0.987	1.052	1.035	2,076.89		617.30	\$	10
	Professional	Services	8,049.74	148.50		1.000	0.987	1.014	1.018	8,342.13		150.74	\$	10
	Other Medical	Services	1,028.05	120.64		1.000	0.987	1.013	1.093	1,228.15		122.22	\$	
	Capitation	Benefit Period	12,000.00	5.92		1.000	0.987	1.082	1.000	12,000.00		6.84	\$	
	Prescription Drug	Other	278.99	2,486.85		1.000	0.987	1.098	1.021	290.83		2,960.00	\$	
	Total				\$									\$

Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	
B.	Inpatient Hospital	Days	197.51	\$5,063.70	\$ 83.34	1.000	1.000	1.000	1.000	197.51	\$ 5,063.70	\$
	Outpatient Hospital	Services	1,938.80	564.97	91.28	1.000	1.000	1.038	1.035	2,076.89	608.61	
	Professional	Services	8,049.74	148.50	99.62	1.000	1.000	1.008	1.018	8,342.13	150.74	
	Other Medical	Services	1,028.05	120.64	10.34	1.000	1.000	1.007	1.093	1,228.15	122.23	
	Capitation	Benefit Period	12,000.00	5.92	5.92	1.000	1.000	1.075	1.000	12,000.00	6.84	
	Prescription Drug	Other	278.99	2,486.85	57.82	1.000	1.000	1.091	1.021	290.83	2,960.00	
	Total				\$ 348.31							\$

Due to an error in the Unified Rate Review Template, values cannot be less than a 1.0000. Figure A. shows our intentions and true PMPM by service category whereas Figure B. shows the modified exhibit which totals the same PMPM after adjustments to the other, cost, and utilization components.

Medical and Rx Area Factor Demonstration

	Medical Index Rate	Rx Index Rate	Blended Index Rate
Boulder	1.3483	1.2682	1.3323
Colorado Springs	1.2143	1.2817	1.2278
Denver	1.1990	1.4426	1.2477

The blended index rate is a weighted combination of the medical index rate (80%) and the rx index rate (20%). These blended rates are not used in our rating manual or rate data template, but rather an illustration of how these two rates would be combined if Humana was to offer plans on the small business Exchange.

Reliance

I, Paul Roe, ASA, MAAA, relied on information and underlying assumptions provided by internally developed pricing and modeling as well as third party consultant data in the establishment of these rates.

Actuarial Certification

I, Paul Roe, ASA, MAAA, am a Managing Actuary employed by Humana Health Plan. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the Statement of Actuarial Opinion contained herein.

I hereby certify that to the best of my knowledge and judgment and based upon the information presented to me:

- The projected index rate is: \$371.47
- a. in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).
- b. developed in compliance with the applicable Actuarial Standards of Practice.

- c. reasonable in relation to the benefits provided and the population anticipated to be covered
- d. neither excessive nor deficient.

2. That the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

3. That the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

4. That the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the certification. For plans where an alternate methodology was used to calculate the AV Metal Value, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 has been included. That certification was signed by a member of the American Academy of Actuaries, where he or she indicated that the values were developed in accordance with generally accepted actuarial principles and methodologies. That certification also includes a reason and a description of the alternate methodology that was used for each applicable plan.

This opinion is qualified, in that the Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



Actuary signature:

Date: July 05, 2013

Paul Roe, ASA, MAAA
Managing Actuary

HHP Small Business Non-Grandfathered Rate Manual

HUMANA HEALTH PLAN
This is the rating manual for Humana's Small Business Products.

Medical Rating Formula

The medical rates for coverage types are calculated as follows:

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Network Factor
- 4.) x Age Factor
- 5.) x Medical Plan Benefit Factor

Drug Rating Formula

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Age Factor
- 4.) x Rx Plan Benefit Factor

TABLE 1
Index Rates

<u>Date</u>	<u>Medical</u>	<u>RX</u>
01/01/2014	\$ 317.55	\$ 53.92
02/01/2014	\$ 317.55	\$ 53.92
03/01/2014	\$ 317.55	\$ 53.92
04/01/2014	\$ 322.96	\$ 56.60
05/01/2014	\$ 322.96	\$ 56.60
06/01/2014	\$ 322.96	\$ 56.60
07/01/2014	\$ 328.47	\$ 57.57
08/01/2014	\$ 328.47	\$ 57.57
09/01/2014	\$ 328.47	\$ 57.57
10/01/2014	\$ 334.08	\$ 58.55
11/01/2014	\$ 334.08	\$ 58.55
12/01/2014	\$ 334.08	\$ 58.55

TABLE 2
Area Factors

<u>Rating Area</u>	<u>Medical</u>	<u>Rx</u>
Boulder	1.3471	1.2671
Colorado Springs	1.2547	1.3243
Denver	1.2265	1.4757
Fort Collins	NA	NA
Grand Junction	NA	NA
Greeley	NA	NA
Northeast Non-MSA	NA	NA
Pueblo	NA	NA
Resort	NA	NA
Southeast Non-MSA	NA	NA
West Non-MSA	NA	NA

TABLE 3
Network Factors

	Boulder	Colorado Springs	Denver
Network Description	Network Factor	Network Factor	Network Factor
NPOS/HMO Premier	1.0000	1.0000	1.0000
HMOx	NA	0.8520	0.8390

TABLE 4
Age Factors

<i><u>Age</u></i>	<i><u>Factor</u></i>		<i><u>Age</u></i>	<i><u>Factor</u></i>
0-20	0.635		43	1.357
21	1.000		44	1.397
22	1.000		45	1.444
23	1.000		46	1.500
24	1.000		47	1.563
25	1.004		48	1.635
26	1.024		49	1.706
27	1.048		50	1.786
28	1.087		51	1.865
29	1.119		52	1.952
30	1.135		53	2.040
31	1.159		54	2.135
32	1.183		55	2.230
33	1.198		56	2.333
34	1.214		57	2.437
35	1.222		58	2.548
36	1.230		59	2.603
37	1.238		60	2.714
38	1.246		61	2.810
39	1.262		62	2.873
40	1.278		63	2.952
41	1.302		64+	3.000
42	1.325			

TABLE 5
Medical Plan Factor

<i>Plan ID</i>	<i>Metal Tier</i>	<i>Plan Name</i>	<i>Coins</i>	<i>PCP Copay</i>	<i>PCP Ded</i>	<i>PCP OOP</i>	<i>Rx</i>	<i>Factor</i>
74320CO041								
0001	Gold	Trad Copay NPOS	100/70	25	500	4000	Rx4 10/30/50/25%	0.8103
0002	Gold	Trad Copay NPOS	100/70	25	1000	4000	Rx4 10/30/50/25%	0.7473
0003	Silver	Trad Copay NPOS	100/70	30	1500	6350	Rx4 10/45/70/25%	0.6700
0004	Silver	Trad Copay NPOS	100/70	30	2000	6350	Rx4 10/35/55/25%	0.6306
0005	Silver	Trad Copay NPOS	100/70	35	2000	5000	Rx4 10/45/90/25% 100 ded	0.6401
0006	Silver	Trad Copay NPOS	90/60	30	1500	6350	Rx4 10/45/90/25% 100 ded	0.6145
0007	Silver	Trad Copay NPOS	90/60	30	2000	6350	Rx4 10/45/90/25%	0.5899
0008	Gold	Trad Copay NPOS	80/50	25	500	4000	Rx4 10/30/50/25%	0.6386
0009	Gold	Trad Copay NPOS	80/50	25	1000	4000	Rx4 10/30/50/25%	0.5938
0010	Silver	Trad Copay NPOS	80/50	40	1500	5000	Rx4 10/45/75/25% 100 ded	0.5326
0011	Silver	Trad Copay NPOS	80/50	30	2000	6350	Rx4 10/45/75/25%	0.4969
0012	Silver	Trad Copay NPOS	80/50	30	2000	6350	Rx4 10/35/70/25% 250 ded	0.4969
0013	Silver	Trad Copay NPOS	80/50	45	2000	5000	Rx4 10/35/50/25% 100 ded	0.5065
0014	Gold	Trad Copay NPOS	70/50	20	1000	4000	Rx4 10/30/50/25%	0.5633
0015	Silver	Trad Copay NPOS	70/50	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.4715
0016	Silver	Trad Copay NPOS	70/50	40	2000	6350	Rx4 10/35/55/25% 250 ded	0.4650
0017	Silver	Trad Copay NPOS	60/50	30	2000	6350	Rx4 10/45/75/25% 100 ded	0.4483
0018	Silver	Trad Copay NPOS	60/50	35	2000	6350	Rx4 10/35/75/25%	0.4455
0019	Silver	Trad Copay NPOS	60/50	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.4402
0020	Silver	Trad Copay NPOS	50/50	25	2000	6350	Rx4 10/35/75/25%	0.4059
0021	Silver	Trad Copay NPOS	50/50	30	2000	6350	Rx4 10/30/50/25% 100 ded	0.3925
0022	Silver	Trad Copay NPOS	50/50	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.3995
0023	Silver	Trad Copay NPOS	50/50	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.3938
0024	Gold	EHDHP NPOS	100/70	0	2000	2000	ded/c	0.8766
0025	Bronze	EHDHP NPOS	90/60	0	5000	6350	ded/c	0.5714
0026	Silver	EHDHP NPOS	80/50	0	2000	6350	ded/c	0.6548
0027	Bronze	EHDHP NPOS	80/50	0	4000	6350	ded/c	0.5232
0028	Bronze	EHDHP NPOS	80/50	0	5000	6350	ded/c	0.4870
0029	Silver	EHDHP NPOS	70/50	0	1500	6350	ded/c	0.6335
0030	Bronze	EHDHP NPOS	70/50	0	3500	6350	ded/c	0.5175
0031	Gold	HDHP NPOS	100/70	0	1750	1750	ded/c	0.8937
0032	Bronze	HDHP NPOS	100/70	0	5500	5000	ded/c	0.5615
0033	Silver	HDHP NPOS	80/50	0	1500	6350	ded/c	0.6888
0034	Bronze	HDHP NPOS	80/50	0	4000	6350	ded/c	0.5081
0035	Gold	EHDHP Walmart/CVS NPOS	100/70	0	2000	2000	ded/c	0.8678
0036	Bronze	EHDHP Walmart/CVS NPOS	90/60	0	5000	6350	ded/c	0.5656
0037	Silver	EHDHP Walmart/CVS NPOS	80/50	0	2000	6350	ded/c	0.6483
0038	Bronze	EHDHP Walmart/CVS NPOS	80/50	0	4000	6350	ded/c	0.5180
0039	Bronze	EHDHP Walmart/CVS NPOS	80/50	0	5000	6350	ded/c	0.4821
0040	Silver	EHDHP Walmart/CVS NPOS	70/50	0	1500	6350	ded/c	0.6271

<u>Plan ID</u>	<u>Metal Tier</u>	<u>Plan Name</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Rx</u>	<u>Factor</u>
0041	Bronze	EHDHP Walmart/CVS NPOS	70/50	0	3500	6350	ded/c	0.5123
0042	Gold	HDHP Walmart/CVS NPOS	100/70	0	1750	1750	ded/c	0.8847
0043	Bronze	HDHP Walmart/CVS NPOS	100/70	0	5500	5000	ded/c	0.5559
0044	Silver	HDHP Walmart/CVS NPOS	80/50	0	1500	6350	ded/c	0.6819
0045	Bronze	HDHP Walmart/CVS NPOS	80/50	0	4000	6350	ded/c	0.5031
0046	Gold	Simplicity NPOS	100/70	30	0	6350	SRx4 10/35/55/25%	0.6533
0047	Silver	Simplicity NPOS	100/70	45	0	6350	SRx4 10/45/90/25%	0.4725
0048	Silver	Simplicity NPOS	100/70	50	0	6350	SRx4 10/40/70/25%	0.3975
0049	Silver	Coins NPOS	80/50	0	2000	5000	Rx4 10/45/90/25%	0.5046
0050	Silver	Coins NPOS	70/50	0	1500	5000	Rx4 10/45/90/25%	0.5001
0051	Bronze	Coins NPOS	70/50	0	5000	6350	Rx4 10/45/90/25% 100 ded	0.3634
74320CO040, 74320CO039								
0001	Gold	Trad Copay HMO OA	100/0	25	500	4000	Rx4 10/30/50/25%	0.7806
0002	Gold	Trad Copay HMO OA	100/0	25	1000	4000	Rx4 10/30/50/25%	0.7227
0003	Silver	Trad Copay HMO OA	100/0	30	1500	6350	Rx4 10/45/70/25%	0.6501
0004	Silver	Trad Copay HMO OA	100/0	30	2000	6350	Rx4 10/35/55/25%	0.6122
0005	Silver	Trad Copay HMO OA	100/0	35	2000	5000	Rx4 10/45/90/25% 100 ded	0.6207
0006	Silver	Trad Copay HMO OA	90/0	30	1500	6350	Rx4 10/45/90/25% 100 ded	0.5951
0007	Silver	Trad Copay HMO OA	90/0	30	2000	6350	Rx4 10/45/90/25%	0.5718
0008	Gold	Trad Copay HMO OA	80/0	25	500	4000	Rx4 10/30/50/25%	0.6127
0009	Gold	Trad Copay HMO OA	80/0	25	1000	4000	Rx4 10/30/50/25%	0.5716
0010	Silver	Trad Copay HMO OA	80/0	40	1500	5000	Rx4 10/45/75/25% 100 ded	0.5140
0011	Silver	Trad Copay HMO OA	80/0	30	2000	6350	Rx4 10/45/75/25%	0.4811
0012	Silver	Trad Copay HMO OA	80/0	30	2000	6350	Rx4 10/35/70/25% 250 ded	0.4811
0013	Silver	Trad Copay HMO OA	80/0	45	2000	5000	Rx4 10/35/50/25% 100 ded	0.4886
0014	Gold	Trad Copay HMO OA	70/0	20	1000	4000	Rx4 10/30/50/25%	0.5409
0015	Silver	Trad Copay HMO OA	70/0	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.4552
0016	Silver	Trad Copay HMO OA	70/0	40	2000	6350	Rx4 10/35/55/25% 250 ded	0.4483
0017	Silver	Trad Copay HMO OA	60/0	30	2000	6350	Rx4 10/45/75/25% 100 ded	0.4322
0018	Silver	Trad Copay HMO OA	60/0	35	2000	6350	Rx4 10/35/75/25%	0.4293
0019	Silver	Trad Copay HMO OA	60/0	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.4239
0020	Silver	Trad Copay HMO OA	50/0	25	2000	6350	Rx4 10/35/75/25%	0.3907
0021	Silver	Trad Copay HMO OA	50/0	30	2000	6350	Rx4 10/30/50/25% 100 ded	0.3769
0022	Silver	Trad Copay HMO OA	50/0	35	2000	6350	Rx4 10/45/75/25% 100 ded	0.3840
0023	Silver	Trad Copay HMO OA	50/0	40	2000	6350	Rx4 10/40/70/25% 250 ded	0.3783
0024	Gold	EHDHP HMO OA	100/0	0	2000	2000	ded/c	0.8656
0025	Bronze	EHDHP HMO OA	90/0	0	5000	6350	ded/c	0.5590
0026	Silver	EHDHP HMO OA	80/0	0	2000	6350	ded/c	0.6413
0027	Bronze	EHDHP HMO OA	80/0	0	4000	6350	ded/c	0.5087
0028	Bronze	EHDHP HMO OA	80/0	0	5000	6350	ded/c	0.4719
0029	Silver	EHDHP HMO OA	70/0	0	1500	6350	ded/c	0.6178
0030	Bronze	EHDHP HMO OA	70/0	0	3500	6350	ded/c	0.5029

<u>Plan ID</u>	<u>Metal Tier</u>	<u>Plan Name</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Rx</u>	<u>Factor</u>
0031	Gold	HDHP HMO OA	100/0	0	1750	1750	ded/c	0.8830
0032	Bronze	HDHP HMO OA	100/0	0	5500	5000	ded/c	0.5536
0033	Silver	HDHP HMO OA	80/0	0	1500	6350	ded/c	0.6752
0034	Bronze	HDHP HMO OA	80/0	0	4000	6350	ded/c	0.4945
0035	Gold	EHDHP Walmart/CVS HMO OA	100/0	0	2000	2000	ded/c	0.8569
0036	Bronze	EHDHP Walmart/CVS HMO OA	90/0	0	5000	6350	ded/c	0.5534
0037	Silver	EHDHP Walmart/CVS HMO OA	80/0	0	2000	6350	ded/c	0.6349
0038	Bronze	EHDHP Walmart/CVS HMO OA	80/0	0	4000	6350	ded/c	0.5036
0039	Bronze	EHDHP Walmart/CVS HMO OA	80/0	0	5000	6350	ded/c	0.4672
0040	Silver	EHDHP Walmart/CVS HMO OA	70/0	0	1500	6350	ded/c	0.6117
0041	Bronze	EHDHP Walmart/CVS HMO OA	70/0	0	3500	6350	ded/c	0.4979
0042	Gold	HDHP Walmart/CVS HMO OA	100/0	0	1750	1750	ded/c	0.8741
0043	Bronze	HDHP Walmart/CVS HMO OA	100/0	0	5500	5000	ded/c	0.5480
0044	Silver	HDHP Walmart/CVS HMO OA	80/0	0	1500	6350	ded/c	0.6684
0045	Bronze	HDHP Walmart/CVS HMO OA	80/0	0	4000	6350	ded/c	0.4895
0046	Gold	Simplicity HMO OA	100/0	30	0	6350	SRx4 10/35/55/25%	0.6403
0047	Silver	Simplicity HMO OA	100/0	45	0	6350	SRx4 10/45/90/25%	0.4512
0048	Silver	Simplicity HMO OA	100/0	50	0	6350	SRx4 10/40/70/25%	0.3729
0049	Silver	Coins HMO OA	80/0	0	2000	5000	Rx4 10/45/90/25%	0.4891
0050	Silver	Coins HMO OA	70/0	0	1500	5000	Rx4 10/45/90/25%	0.4833
0051	Bronze	Coins HMO OA	70/0	0	5000	6350	Rx4 10/45/90/25% 100 ded	0.3492

TABLE 6
Rx Plan Benefit Factors

<u>Rx Plan</u>	<u>Rx Plan Benefit Factor</u>	<u>Walmart/CVS Rx Plan Benefit Factor</u>
Rx4 10/35/55/25% Simplicity	0.8530	0.7677
Rx4 10/45/90/25% Simplicity	0.7256	0.6530
Rx4 10/40/70/25% Simplicity	0.7908	0.7117
Rx4 10/30/50/25%	0.8906	0.8015
Rx4 10/30/50/25% 100 ded	0.8032	0.7229
Rx4 10/35/50/25% 100 ded	0.7805	0.7024
Rx4 10/35/55/25%	0.8507	0.7656
Rx4 10/35/55/25% 250 ded	0.6783	0.6105
Rx4 10/35/70/25% 250 ded	0.6458	0.5813
Rx4 10/35/75/25%	0.8029	0.7226
Rx4 10/40/70/25% with 3500 OOP	0.8136	0.7322
Rx4 10/40/70/25% 250 ded	0.6270	0.5643
Rx4 10/45/70/25%	0.7713	0.6942
Rx4 10/45/75/25%	0.7571	0.6813
Rx4 10/45/75/25% 100 ded	0.6805	0.6124
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848

HHP Small Business Non-Grandfathered Rate Manual

HUMANA HEALTH PLAN
This is the rating manual for Humana's Small Business Products.

Medical Rating Formula

The medical rates for coverage types are calculated as follows:

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Network Factor
- 4.) x Age Factor
- 5.) x Medical Plan Benefit Factor
- 6.) x Optional Riders

Drug Rating Formula

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Age Factor
- 4.) x Rx Plan Benefit Factor

TABLE 1
Index Rates

<i>Date</i>	<i>Medical</i>	<i>RX</i>
01/01/2014	\$ 327.75	\$ 55.65
02/01/2014	\$ 327.75	\$ 55.65
03/01/2014	\$ 327.75	\$ 55.65
04/01/2014	\$ 333.34	\$ 56.60
05/01/2014	\$ 333.34	\$ 56.60
06/01/2014	\$ 333.34	\$ 56.60
07/01/2014	\$ 339.04	\$ 57.57
08/01/2014	\$ 339.04	\$ 57.57
09/01/2014	\$ 339.04	\$ 57.57
10/01/2014	\$ 344.81	\$ 58.55
11/01/2014	\$ 344.81	\$ 58.55
12/01/2014	\$ 344.81	\$ 58.55

TABLE 2
Area Factors

<i>Rating Area</i>	<i>Medical</i>	<i>Rx</i>
Boulder	1.3483	1.2682
Colorado Springs	1.2143	1.2817
Denver	1.1990	1.4426
Fort Collins	NA	NA
Grand Junction	NA	NA
Greeley	NA	NA
Northeast Non-MSA	NA	NA
Pueblo	NA	NA
Resort	NA	NA
Southeast Non-MSA	NA	NA
West Non-MSA	NA	NA

TABLE 3
Network Factors

	Boulder	Colorado Springs	Denver
Network Description	Network Factor	Network Factor	Network Factor
NPOS/HMO Premier	1.0000	1.0000	1.0000
HMOx	NA	0.8520	0.8390

TABLE 4
Age Factors

<i>Age</i>	<i>Factor</i>		<i>Age</i>	<i>Factor</i>
0-20	0.635		43	1.357
21	1.000		44	1.397
22	1.000		45	1.444
23	1.000		46	1.500
24	1.000		47	1.563
25	1.004		48	1.635
26	1.024		49	1.706
27	1.048		50	1.786
28	1.087		51	1.865
29	1.119		52	1.952
30	1.135		53	2.040
31	1.159		54	2.135
32	1.183		55	2.230
33	1.198		56	2.333
34	1.214		57	2.437
35	1.222		58	2.548
36	1.230		59	2.603
37	1.238		60	2.714
38	1.246		61	2.810
39	1.262		62	2.873
40	1.278		63	2.952
41	1.302		64+	3.000
42	1.325			

TABLE 5
Medical Plan Factor

<i>Plan ID</i>	<i>Product Type</i>	<i>Coins</i>	<i>PCP Copay</i>	<i>PCP Ded</i>	<i>PCP OOP</i>	<i>Factor</i>
74320CO041						
0001	Trad Copay NPOS	100/70	25	500	4000	0.8058
0002	Trad Copay NPOS	100/70	25	1000	4000	0.7431
0003	Trad Copay NPOS	100/70	30	1500	6400	0.6663
0004	Trad Copay NPOS	100/70	30	2000	6400	0.6271
0005	Trad Copay NPOS	100/70	35	2000	5000	0.6366
0006	Trad Copay NPOS	90/60	30	1500	6400	0.6111
0007	Trad Copay NPOS	90/60	30	2000	6400	0.5866
0008	Trad Copay NPOS	80/50	25	500	4000	0.6350
0009	Trad Copay NPOS	80/50	25	1000	4000	0.5905
0010	Trad Copay NPOS	80/50	40	1500	5000	0.5296
0011	Trad Copay NPOS	80/50	30	2000	6400	0.4941
0012	Trad Copay NPOS	80/50	30	2000	6400	0.4941
0013	Trad Copay NPOS	80/50	45	2000	5000	0.5036
0014	Trad Copay NPOS	70/50	20	1000	4000	0.5602
0015	Trad Copay NPOS	70/50	35	2000	6400	0.4689
0016	Trad Copay NPOS	70/50	40	2000	6400	0.4624
0017	Trad Copay NPOS	60/50	30	2000	6400	0.4458
0018	Trad Copay NPOS	60/50	35	2000	6400	0.4430
0019	Trad Copay NPOS	60/50	40	2000	6400	0.4377
0020	Trad Copay NPOS	50/50	25	2000	6400	0.4036
0021	Trad Copay NPOS	50/50	30	2000	6400	0.3903
0022	Trad Copay NPOS	50/50	35	2000	6400	0.3973
0023	Trad Copay NPOS	50/50	40	2000	6400	0.3916
0024	EHDHP NPOS	100/70	0	2000	2000	0.8766
0025	EHDHP NPOS	90/60	0	5000	6400	0.5714
0026	EHDHP NPOS	80/50	0	2000	6400	0.6548
0027	EHDHP NPOS	80/50	0	4000	6400	0.5232
0028	EHDHP NPOS	80/50	0	5000	6400	0.4870
0029	EHDHP NPOS	70/50	0	1500	6400	0.6335
0030	EHDHP NPOS	70/50	0	3500	6400	0.5175
0031	HDHP NPOS	100/70	0	1750	1750	0.8937
0032	HDHP NPOS	100/70	0	5500	5000	0.5615
0033	HDHP NPOS	80/50	0	1500	6400	0.6888
0034	HDHP NPOS	80/50	0	4000	6400	0.5081
0035	EHDHP Walmart/CVS NPOS	100/70	0	2000	2000	0.8678
0036	EHDHP Walmart/CVS NPOS	90/60	0	5000	6400	0.5656
0037	EHDHP Walmart/CVS NPOS	80/50	0	2000	6400	0.6483
0038	EHDHP Walmart/CVS NPOS	80/50	0	4000	6400	0.5180

	Product Type	Coins	PCP Copay	PCP Ded	PCP OOP	Factor
0039	EHDHP Walmart/CVS NPOS	80/50	0	5000	6400	0.4821
0040	EHDHP Walmart/CVS NPOS	70/50	0	1500	6400	0.6271
0041	EHDHP Walmart/CVS NPOS	70/50	0	3500	6400	0.5123
0042	HDHP Walmart/CVS NPOS	100/70	0	1750	1750	0.8847
0043	HDHP Walmart/CVS NPOS	100/70	0	5500	5000	0.5559
0044	HDHP Walmart/CVS NPOS	80/50	0	1500	6400	0.6819
0045	HDHP Walmart/CVS NPOS	80/50	0	4000	6400	0.5031
0046	Simplicity NPOS	100/70	30	0	6400	0.6533
0047	Simplicity NPOS	100/70	45	0	6400	0.4725
0048	Simplicity NPOS	100/70	50	0	6400	0.3975
0049	Coins NPOS	80/50	0	2000	5000	0.5046
0050	Coins NPOS	70/50	0	1500	5000	0.5001
0051	Coins NPOS	70/50	0	5000	6400	0.3634
74320CO040, 74320CO039						
0001	Trad Copay HMO OA	100/0	25	500	4000	0.7762
0002	Trad Copay HMO OA	100/0	25	1000	4000	0.7187
0003	Trad Copay HMO OA	100/0	30	1500	6400	0.6464
0004	Trad Copay HMO OA	100/0	30	2000	6400	0.6088
0005	Trad Copay HMO OA	100/0	35	2000	5000	0.6173
0006	Trad Copay HMO OA	90/0	30	1500	6400	0.5918
0007	Trad Copay HMO OA	90/0	30	2000	6400	0.5687
0008	Trad Copay HMO OA	80/0	25	500	4000	0.6093
0009	Trad Copay HMO OA	80/0	25	1000	4000	0.5684
0010	Trad Copay HMO OA	80/0	40	1500	5000	0.5111
0011	Trad Copay HMO OA	80/0	30	2000	6400	0.4784
0012	Trad Copay HMO OA	80/0	30	2000	6400	0.4784
0013	Trad Copay HMO OA	80/0	45	2000	5000	0.4859
0014	Trad Copay HMO OA	70/0	20	1000	4000	0.5378
0015	Trad Copay HMO OA	70/0	35	2000	6400	0.4527
0016	Trad Copay HMO OA	70/0	40	2000	6400	0.4458
0017	Trad Copay HMO OA	60/0	30	2000	6400	0.4298
0018	Trad Copay HMO OA	60/0	35	2000	6400	0.4269
0019	Trad Copay HMO OA	60/0	40	2000	6400	0.4216
0020	Trad Copay HMO OA	50/0	25	2000	6400	0.3885
0021	Trad Copay HMO OA	50/0	30	2000	6400	0.3748
0022	Trad Copay HMO OA	50/0	35	2000	6400	0.3819
0023	Trad Copay HMO OA	50/0	40	2000	6400	0.3762
0024	EHDHP HMO OA	100/0	0	2000	2000	0.8656

	<u>Product Type</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Factor</u>
0025	EHDHP HMO OA	90/0	0	5000	6350	0.5590
0026	EHDHP HMO OA	80/0	0	2000	6350	0.6413
0027	EHDHP HMO OA	80/0	0	4000	6350	0.5087
0028	EHDHP HMO OA	80/0	0	5000	6350	0.4719
0029	EHDHP HMO OA	70/0	0	1500	6350	0.6178
0030	EHDHP HMO OA	70/0	0	3500	6350	0.5029
0031	HDHP HMO OA	100/0	0	1750	1750	0.8830
0032	HDHP HMO OA	100/0	0	5500	5000	0.5536
0033	HDHP HMO OA	80/0	0	1500	6350	0.6752
0034	HDHP HMO OA	80/0	0	4000	6350	0.4945
0035	EHDHP Walmart/CVS HMO OA	100/0	0	2000	2000	0.8569
0036	EHDHP Walmart/CVS HMO OA	90/0	0	5000	6350	0.5534
0037	EHDHP Walmart/CVS HMO OA	80/0	0	2000	6350	0.6349
0038	EHDHP Walmart/CVS HMO OA	80/0	0	4000	6350	0.5036
0039	EHDHP Walmart/CVS HMO OA	80/0	0	5000	6350	0.4672
0040	EHDHP Walmart/CVS HMO OA	70/0	0	1500	6350	0.6117
0041	EHDHP Walmart/CVS HMO OA	70/0	0	3500	6350	0.4979
0042	HDHP Walmart/CVS HMO OA	100/0	0	1750	1750	0.8741
0043	HDHP Walmart/CVS HMO OA	100/0	0	5500	5000	0.5480
0044	HDHP Walmart/CVS HMO OA	80/0	0	1500	6350	0.6684
0045	HDHP Walmart/CVS HMO OA	80/0	0	4000	6350	0.4895
0046	Simplicity HMO OA	100/0	30	0	6350	0.6403
0047	Simplicity HMO OA	100/0	45	0	6350	0.4512
0048	Simplicity HMO OA	100/0	50	0	6350	0.3729
0049	Coins HMO OA	80/0	0	2000	5000	0.4891
0050	Coins HMO OA	70/0	0	1500	5000	0.4833
0051	Coins HMO OA	70/0	0	5000	6350	0.3492

TABLE 6
Optional Riders

Carry Over Credit	1.0340
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TABLE 7
Rx Plan Benefit Factors

<u>Rx Plan</u>	<u>Rx Plan Benefit Factor</u>	<u>Walmart/CVS Rx Plan Benefit Factor</u>
Rx4 10/35/55/25% Simplicity	0.8530	0.7677
Rx4 10/45/90/25% Simplicity	0.7256	0.6530
Rx4 10/40/70/25% Simplicity	0.7908	0.7117
Rx4 10/30/50/25%	0.8906	0.8015
Rx4 10/30/50/25% 100 ded	0.8032	0.7229
Rx4 10/35/50/25% 100 ded	0.7805	0.7024
Rx4 10/35/55/25%	0.8507	0.7656
Rx4 10/35/55/25% 250 ded	0.6783	0.6105
Rx4 10/35/70/25% 250 ded	0.6458	0.5813
Rx4 10/35/75/25%	0.8029	0.7226
Rx4 10/40/70/25% with 3500 OOP	0.8136	0.7322
Rx4 10/40/70/25% 250 ded	0.6270	0.5643
Rx4 10/45/70/25%	0.7713	0.6942
Rx4 10/45/75/25%	0.7571	0.6813
Rx4 10/45/75/25% 100 ded	0.6805	0.6124
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848

HHP Small Business Non-Grandfathered Rate Manual

HUMANA HEALTH PLAN
This is the rating manual for Humana's Small Business Products.

Medical Rating Formula

The medical rates for coverage types are calculated as follows:

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Network Factor
- 4.) x Age Factor
- 5.) x Medical Plan Benefit Factor
- 6.) x Optional Riders

Drug Rating Formula

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Age Factor
- 4.) x Rx Plan Benefit Factor

TABLE 1
Index Rates

<u>Date</u>	<u>Medical</u>	<u>RX</u>
01/01/2014	\$ 327.75	\$ 55.65
02/01/2014	\$ 327.75	\$ 55.65
03/01/2014	\$ 327.75	\$ 55.65
04/01/2014	\$ 333.34	\$ 56.60
05/01/2014	\$ 333.34	\$ 56.60
06/01/2014	\$ 333.34	\$ 56.60
07/01/2014	\$ 339.04	\$ 57.57
08/01/2014	\$ 339.04	\$ 57.57
09/01/2014	\$ 339.04	\$ 57.57
10/01/2014	\$ 344.81	\$ 58.55
11/01/2014	\$ 344.81	\$ 58.55
12/01/2014	\$ 344.81	\$ 58.55

TABLE 2
Area Factors

<u>Rating Area</u>	<u>Medical</u>	<u>Rx</u>
Boulder	1.3483	1.2682
Colorado Springs	1.2143	1.2817
Denver	1.1990	1.4426
Fort Collins	NA	NA
Grand Junction	NA	NA
Greeley	NA	NA
Northeast Non-MSA	NA	NA
Pueblo	NA	NA
Resort	NA	NA
Southeast Non-MSA	NA	NA
West Non-MSA	NA	NA

TABLE 3
Network Factors

	Boulder	Colorado Springs	Denver
Network Description	Network Factor	Network Factor	Network Factor
NPOS/HMO Premier	1.0000	1.0000	1.0000
HMOx	NA	0.8520	0.8390

TABLE 4
Age Factors

<i>Age</i>	<i>Factor</i>		<i>Age</i>	<i>Factor</i>
0-20	0.635		43	1.357
21	1.000		44	1.397
22	1.000		45	1.444
23	1.000		46	1.500
24	1.000		47	1.563
25	1.004		48	1.635
26	1.024		49	1.706
27	1.048		50	1.786
28	1.087		51	1.865
29	1.119		52	1.952
30	1.135		53	2.040
31	1.159		54	2.135
32	1.183		55	2.230
33	1.198		56	2.333
34	1.214		57	2.437
35	1.222		58	2.548
36	1.230		59	2.603
37	1.238		60	2.714
38	1.246		61	2.810
39	1.262		62	2.873
40	1.278		63	2.952
41	1.302		64+	3.000
42	1.325			

TABLE 5
Medical Plan Factor

<i>Product Type</i>	<i>Coins</i>	<i>PCP Copay</i>	<i>PCP Ded</i>	<i>PCP OOP</i>	<i>Factor</i>
Trad Copay NPOS	100/70	25	500	4000	0.8058
Trad Copay NPOS	100/70	25	1000	4000	0.7431
Trad Copay NPOS	100/70	30	1500	6400	0.6663
Trad Copay NPOS	100/70	30	2000	6400	0.6271
Trad Copay NPOS	100/70	35	2000	5000	0.6366
Trad Copay NPOS	90/60	30	1500	6400	0.6111
Trad Copay NPOS	90/60	30	2000	6400	0.5866
Trad Copay NPOS	80/50	25	500	4000	0.6350
Trad Copay NPOS	80/50	25	1000	4000	0.5905
Trad Copay NPOS	80/50	40	1500	5000	0.5296
Trad Copay NPOS	80/50	30	2000	6400	0.4941
Trad Copay NPOS	80/50	30	2000	6400	0.4941
Trad Copay NPOS	80/50	45	2000	5000	0.5036
Trad Copay NPOS	70/50	20	1000	4000	0.5602
Trad Copay NPOS	70/50	35	2000	6400	0.4689
Trad Copay NPOS	70/50	40	2000	6400	0.4624
Trad Copay NPOS	60/50	30	2000	6400	0.4458
Trad Copay NPOS	60/50	35	2000	6400	0.4430
Trad Copay NPOS	60/50	40	2000	6400	0.4377
Trad Copay NPOS	50/50	25	2000	6400	0.4036
Trad Copay NPOS	50/50	30	2000	6400	0.3903
Trad Copay NPOS	50/50	35	2000	6400	0.3973
Trad Copay NPOS	50/50	40	2000	6400	0.3916
EHDHP NPOS	100/70	0	2000	2000	0.8766
EHDHP NPOS	90/60	0	5000	6400	0.5714
EHDHP NPOS	80/50	0	2000	6400	0.6548
EHDHP NPOS	80/50	0	4000	6400	0.5232
EHDHP NPOS	80/50	0	5000	6400	0.4870
EHDHP NPOS	70/50	0	1500	6400	0.6335
EHDHP NPOS	70/50	0	3500	6400	0.5175
HDHP NPOS	100/70	0	1750	1750	0.8937
HDHP NPOS	100/70	0	5500	5000	0.5615
HDHP NPOS	80/50	0	1500	6400	0.6888
HDHP NPOS	80/50	0	4000	6400	0.5081
EHDHP Walmart/CVS NPOS	100/70	0	2000	2000	0.8678
EHDHP Walmart/CVS NPOS	90/60	0	5000	6400	0.5656
EHDHP Walmart/CVS NPOS	80/50	0	2000	6400	0.6483
EHDHP Walmart/CVS NPOS	80/50	0	4000	6400	0.5180

<i>Product Type</i>	<i>Coins</i>	<i>PCP Copay</i>	<i>PCP Ded</i>	<i>PCP OOP</i>	<i>Factor</i>
EHDHP Walmart/CVS NPOS	80/50	0	5000	6400	0.4821
EHDHP Walmart/CVS NPOS	70/50	0	1500	6400	0.6271
EHDHP Walmart/CVS NPOS	70/50	0	3500	6400	0.5123
HDHP Walmart/CVS NPOS	100/70	0	1750	1750	0.8847
HDHP Walmart/CVS NPOS	100/70	0	5500	5000	0.5559
HDHP Walmart/CVS NPOS	80/50	0	1500	6400	0.6819
HDHP Walmart/CVS NPOS	80/50	0	4000	6400	0.5031
Simplicity NPOS	100/70	30	0	6400	0.6533
Simplicity NPOS	100/70	45	0	6400	0.4725
Simplicity NPOS	100/70	50	0	6400	0.3975
Coins NPOS	80/50	0	2000	5000	0.5046
Coins NPOS	70/50	0	1500	5000	0.5001
Coins NPOS	70/50	0	5000	6400	0.3634
Trad Copay HMO OA	100/0	25	500	4000	0.7762
Trad Copay HMO OA	100/0	25	1000	4000	0.7187
Trad Copay HMO OA	100/0	30	1500	6400	0.6464
Trad Copay HMO OA	100/0	30	2000	6400	0.6088
Trad Copay HMO OA	100/0	35	2000	5000	0.6173
Trad Copay HMO OA	90/0	30	1500	6400	0.5918
Trad Copay HMO OA	90/0	30	2000	6400	0.5687
Trad Copay HMO OA	80/0	25	500	4000	0.6093
Trad Copay HMO OA	80/0	25	1000	4000	0.5684
Trad Copay HMO OA	80/0	40	1500	5000	0.5111
Trad Copay HMO OA	80/0	30	2000	6400	0.4784
Trad Copay HMO OA	80/0	30	2000	6400	0.4784
Trad Copay HMO OA	80/0	45	2000	5000	0.4859
Trad Copay HMO OA	70/0	20	1000	4000	0.5378
Trad Copay HMO OA	70/0	35	2000	6400	0.4527
Trad Copay HMO OA	70/0	40	2000	6400	0.4458
Trad Copay HMO OA	60/0	30	2000	6400	0.4298
Trad Copay HMO OA	60/0	35	2000	6400	0.4269
Trad Copay HMO OA	60/0	40	2000	6400	0.4216
Trad Copay HMO OA	50/0	25	2000	6400	0.3885
Trad Copay HMO OA	50/0	30	2000	6400	0.3748
Trad Copay HMO OA	50/0	35	2000	6400	0.3819
Trad Copay HMO OA	50/0	40	2000	6400	0.3762
EHDHP HMO OA	100/0	0	2000	2000	0.8656

<u>Product Type</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Factor</u>
EHDHP HMO OA	90/0	0	5000	6350	0.5590
EHDHP HMO OA	80/0	0	2000	6350	0.6413
EHDHP HMO OA	80/0	0	4000	6350	0.5087
EHDHP HMO OA	80/0	0	5000	6350	0.4719
EHDHP HMO OA	70/0	0	1500	6350	0.6178
EHDHP HMO OA	70/0	0	3500	6350	0.5029
HDHP HMO OA	100/0	0	1750	1750	0.8830
HDHP HMO OA	100/0	0	5500	5000	0.5536
HDHP HMO OA	80/0	0	1500	6350	0.6752
HDHP HMO OA	80/0	0	4000	6350	0.4945
EHDHP Walmart/CVS HMO OA	100/0	0	2000	2000	0.8569
EHDHP Walmart/CVS HMO OA	90/0	0	5000	6350	0.5534
EHDHP Walmart/CVS HMO OA	80/0	0	2000	6350	0.6349
EHDHP Walmart/CVS HMO OA	80/0	0	4000	6350	0.5036
EHDHP Walmart/CVS HMO OA	80/0	0	5000	6350	0.4672
EHDHP Walmart/CVS HMO OA	70/0	0	1500	6350	0.6117
EHDHP Walmart/CVS HMO OA	70/0	0	3500	6350	0.4979
HDHP Walmart/CVS HMO OA	100/0	0	1750	1750	0.8741
HDHP Walmart/CVS HMO OA	100/0	0	5500	5000	0.5480
HDHP Walmart/CVS HMO OA	80/0	0	1500	6350	0.6684
HDHP Walmart/CVS HMO OA	80/0	0	4000	6350	0.4895
Simplicity HMO OA	100/0	30	0	6350	0.6403
Simplicity HMO OA	100/0	45	0	6350	0.4512
Simplicity HMO OA	100/0	50	0	6350	0.3729
Coins HMO OA	80/0	0	2000	5000	0.4891
Coins HMO OA	70/0	0	1500	5000	0.4833
Coins HMO OA	70/0	0	5000	6350	0.3492

TABLE 6
Optional Riders

Carry Over Credit	1.0340
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TABLE 7
Rx Plan Benefit Factors

<u>Rx Plan</u>	<u>Rx Plan Benefit Factor</u>	<u>Walmart/CVS Rx Plan Benefit Factor</u>
Rx4 10/35/55/25% Simplicity	0.8530	0.7677
Rx4 10/45/90/25% Simplicity	0.7256	0.6530
Rx4 10/40/70/25% Simplicity	0.7908	0.7117
Rx4 10/30/50/25%	0.8906	0.8015
Rx4 10/30/50/25% 100 ded	0.8032	0.7229
Rx4 10/35/50/25% 100 ded	0.7805	0.7024
Rx4 10/35/55/25%	0.8507	0.7656
Rx4 10/35/55/25% 250 ded	0.6783	0.6105
Rx4 10/35/70/25% 250 ded	0.6458	0.5813
Rx4 10/35/75/25%	0.8029	0.7226
Rx4 10/40/70/25% with 3500 OOP	0.8136	0.7322
Rx4 10/40/70/25% 250 ded	0.6270	0.5643
Rx4 10/45/70/25%	0.7713	0.6942
Rx4 10/45/75/25%	0.7571	0.6813
Rx4 10/45/75/25% 100 ded	0.6805	0.6124
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848

Humana Health Plan - Side by Side Comparison

Exhibit I.

Medical Index Rates for CO Small Group Business

<u>Date</u>	<u>Current Index Rate</u>	<u>Proposed Rate</u>	<u>% Change From Current</u>	<u>% Monthly Change</u>
01/01/2014	NA	327.75	NA	NA
02/01/2014	NA	327.75	NA	0.0%
03/01/2014	NA	327.75	NA	0.0%
04/01/2014	NA	333.34	NA	1.7%
05/01/2014	NA	333.34	NA	0.0%
06/01/2014	NA	333.34	NA	0.0%
07/01/2014	NA	339.04	NA	1.7%
08/01/2014	NA	339.04	NA	0.0%
09/01/2014	NA	339.04	NA	0.0%
10/01/2014	NA	344.81	NA	1.7%
11/01/2014	NA	344.81	NA	0.0%
12/01/2014	NA	344.81	NA	0.0%

Rx Index Rates for CO Small Group Business

<u>Date</u>	<u>Current Index Rate</u>	<u>Proposed Rate</u>	<u>% Change From Current</u>	<u>% Monthly Change</u>
01/01/2014	NA	55.65	NA	NA
02/01/2014	NA	55.65	NA	0.0%
03/01/2014	NA	55.65	NA	0.0%
04/01/2014	NA	56.60	NA	1.7%
05/01/2014	NA	56.60	NA	0.0%
06/01/2014	NA	56.60	NA	0.0%
07/01/2014	NA	57.57	NA	1.7%
08/01/2014	NA	57.57	NA	0.0%
09/01/2014	NA	57.57	NA	0.0%
10/01/2014	NA	58.55	NA	1.7%
11/01/2014	NA	58.55	NA	0.0%
12/01/2014	NA	58.55	NA	0.0%

Medical Plan Benefit Factors

<u>Product Type</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>Par Ded</u>	<u>Par OOP</u>	<u>Current Factor</u>	<u>Revised Factor</u>	<u>% Change</u>
Trad Copay NPOS	100/70	25	500	4000	NA	0.8058	NA
Trad Copay NPOS	100/70	25	1000	4000	NA	0.7431	NA
Trad Copay NPOS	100/70	30	1500	6400	NA	0.6663	NA
Trad Copay NPOS	100/70	30	2000	6400	NA	0.6271	NA
Trad Copay NPOS	100/70	35	2000	5000	NA	0.6366	NA
Trad Copay NPOS	90/60	30	1500	6400	NA	0.6111	NA
Trad Copay NPOS	90/60	30	2000	6400	NA	0.5866	NA
Trad Copay NPOS	80/50	25	500	4000	NA	0.6350	NA
Trad Copay NPOS	80/50	25	1000	4000	NA	0.5905	NA
Trad Copay NPOS	80/50	40	1500	5000	NA	0.5296	NA
Trad Copay NPOS	80/50	30	2000	6400	NA	0.4941	NA
Trad Copay NPOS	80/50	30	2000	6400	NA	0.4941	NA
Trad Copay NPOS	80/50	45	2000	5000	NA	0.5036	NA
Trad Copay NPOS	70/50	20	1000	4000	NA	0.5602	NA
Trad Copay NPOS	70/50	35	2000	6400	NA	0.4689	NA
Trad Copay NPOS	70/50	40	2000	6400	NA	0.4624	NA
Trad Copay NPOS	60/50	30	2000	6400	NA	0.4458	NA
Trad Copay NPOS	60/50	35	2000	6400	NA	0.4430	NA
Trad Copay NPOS	60/50	40	2000	6400	NA	0.4377	NA
Trad Copay NPOS	50/50	25	2000	6400	NA	0.4036	NA
Trad Copay NPOS	50/50	30	2000	6400	NA	0.3903	NA
Trad Copay NPOS	50/50	35	2000	6400	NA	0.3973	NA
Trad Copay NPOS	50/50	40	2000	6400	NA	0.3916	NA
EHDHP NPOS	100/70	0	2000	2000	NA	0.8766	NA
EHDHP NPOS	90/60	0	5000	6400	NA	0.5714	NA
EHDHP NPOS	80/50	0	2000	6400	NA	0.6548	NA
EHDHP NPOS	80/50	0	4000	6400	NA	0.5232	NA
EHDHP NPOS	80/50	0	5000	6400	NA	0.4870	NA
EHDHP NPOS	70/50	0	1500	6400	NA	0.6335	NA
EHDHP NPOS	70/50	0	3500	6400	NA	0.5175	NA
HDHP NPOS	100/70	0	1750	1750	NA	0.8937	NA
HDHP NPOS	100/70	0	5500	5000	NA	0.5615	NA
HDHP NPOS	80/50	0	1500	6400	NA	0.6888	NA
HDHP NPOS	80/50	0	4000	6400	NA	0.5081	NA
EHDHP Walmart/CVS NPOS	100/70	0	2000	2000	NA	0.8678	NA
EHDHP Walmart/CVS NPOS	90/60	0	5000	6400	NA	0.5656	NA
EHDHP Walmart/CVS NPOS	80/50	0	2000	6400	NA	0.6483	NA
EHDHP Walmart/CVS NPOS	80/50	0	4000	6400	NA	0.5180	NA

Humana Health Plan - Side by Side Comparison
Exhibit I.

EHDHP Walmart/CVS NPOS	80/50	0	5000	6400	NA	0.4821	NA
EHDHP Walmart/CVS NPOS	70/50	0	1500	6400	NA	0.6271	NA
EHDHP Walmart/CVS NPOS	70/50	0	3500	6400	NA	0.5123	NA
HDHP Walmart/CVS NPOS	100/70	0	1750	1750	NA	0.8847	NA
HDHP Walmart/CVS NPOS	100/70	0	5500	5000	NA	0.5559	NA
HDHP Walmart/CVS NPOS	80/50	0	1500	6400	NA	0.6819	NA
HDHP Walmart/CVS NPOS	80/50	0	4000	6400	NA	0.5031	NA
Simplicity NPOS	100/70	30	0	6400	NA	0.6533	NA
Simplicity NPOS	100/70	45	0	6400	NA	0.4725	NA
Simplicity NPOS	100/70	50	0	6400	NA	0.3975	NA
Coins NPOS	80/50	0	2000	5000	NA	0.5046	NA
Coins NPOS	70/50	0	1500	5000	NA	0.5001	NA
Coins NPOS	70/50	0	5000	6400	NA	0.3634	NA
Trad Copay HMO OA	100/0	25	500	4000	NA	0.7762	NA
Trad Copay HMO OA	100/0	25	1000	4000	NA	0.7187	NA
Trad Copay HMO OA	100/0	30	1500	6400	NA	0.6464	NA
Trad Copay HMO OA	100/0	30	2000	6400	NA	0.6088	NA
Trad Copay HMO OA	100/0	35	2000	5000	NA	0.6173	NA
Trad Copay HMO OA	90/0	30	1500	6400	NA	0.5918	NA
Trad Copay HMO OA	90/0	30	2000	6400	NA	0.5687	NA
Trad Copay HMO OA	80/0	25	500	4000	NA	0.6093	NA
Trad Copay HMO OA	80/0	25	1000	4000	NA	0.5684	NA
Trad Copay HMO OA	80/0	40	1500	5000	NA	0.5111	NA
Trad Copay HMO OA	80/0	30	2000	6400	NA	0.4784	NA
Trad Copay HMO OA	80/0	30	2000	6400	NA	0.4784	NA
Trad Copay HMO OA	80/0	45	2000	5000	NA	0.4859	NA
Trad Copay HMO OA	70/0	20	1000	4000	NA	0.5378	NA
Trad Copay HMO OA	70/0	35	2000	6400	NA	0.4527	NA
Trad Copay HMO OA	70/0	40	2000	6400	NA	0.4458	NA
Trad Copay HMO OA	60/0	30	2000	6400	NA	0.4298	NA
Trad Copay HMO OA	60/0	35	2000	6400	NA	0.4269	NA
Trad Copay HMO OA	60/0	40	2000	6400	NA	0.4216	NA
Trad Copay HMO OA	50/0	25	2000	6400	NA	0.3885	NA
Trad Copay HMO OA	50/0	30	2000	6400	NA	0.3748	NA
Trad Copay HMO OA	50/0	35	2000	6400	NA	0.3819	NA
Trad Copay HMO OA	50/0	40	2000	6400	NA	0.3762	NA
EHDHP HMO OA	100/0	0	2000	2000	NA	0.8656	NA
EHDHP HMO OA	90/0	0	5000	6400	NA	0.5590	NA
EHDHP HMO OA	80/0	0	2000	6400	NA	0.6413	NA
EHDHP HMO OA	80/0	0	4000	6400	NA	0.5087	NA
EHDHP HMO OA	80/0	0	5000	6400	NA	0.4719	NA
EHDHP HMO OA	70/0	0	1500	6400	NA	0.6178	NA
EHDHP HMO OA	70/0	0	3500	6400	NA	0.5029	NA
HDHP HMO OA	100/0	0	1750	1750	NA	0.8830	NA
HDHP HMO OA	100/0	0	5500	5000	NA	0.5536	NA
HDHP HMO OA	80/0	0	1500	6400	NA	0.6752	NA
HDHP HMO OA	80/0	0	4000	6400	NA	0.4945	NA
EHDHP Walmart/CVS HMO OA	100/0	0	2000	2000	NA	0.8569	NA
EHDHP Walmart/CVS HMO OA	90/0	0	5000	6400	NA	0.5534	NA
EHDHP Walmart/CVS HMO OA	80/0	0	2000	6400	NA	0.6349	NA
EHDHP Walmart/CVS HMO OA	80/0	0	4000	6400	NA	0.5036	NA
EHDHP Walmart/CVS HMO OA	80/0	0	5000	6400	NA	0.4672	NA
EHDHP Walmart/CVS HMO OA	70/0	0	1500	6400	NA	0.6117	NA
EHDHP Walmart/CVS HMO OA	70/0	0	3500	6400	NA	0.4979	NA
HDHP Walmart/CVS HMO OA	100/0	0	1750	1750	NA	0.8741	NA
HDHP Walmart/CVS HMO OA	100/0	0	5500	5000	NA	0.5480	NA
HDHP Walmart/CVS HMO OA	80/0	0	1500	6400	NA	0.6684	NA
HDHP Walmart/CVS HMO OA	80/0	0	4000	6400	NA	0.4895	NA
Simplicity HMO OA	100/0	30	0	6400	NA	0.6403	NA
Simplicity HMO OA	100/0	45	0	6400	NA	0.4512	NA
Simplicity HMO OA	100/0	50	0	6400	NA	0.3729	NA
Coins HMO OA	80/0	0	2000	5000	NA	0.4891	NA
Coins HMO OA	70/0	0	1500	5000	NA	0.4833	NA
Coins HMO OA	70/0	0	5000	6400	NA	0.3492	NA

Humana Health Plan - Side by Side Comparison

Exhibit I.

Rx Plan Benefit Factors

Description	Current Factor	Revised Factor	% Change
Rx4 10/35/55/25%	NA	0.8530	NA
Rx4 10/45/90/25%	NA	0.7256	NA
Rx4 10/40/70/25%	NA	0.7908	NA
Rx4 10/30/50/25%	NA	0.8906	NA
Rx4 10/30/50/25% 100 ded	NA	0.8032	NA
Rx4 10/35/50/25% 100 ded	NA	0.7805	NA
Rx4 10/35/55/25%	NA	0.8507	NA
Rx4 10/35/55/25% 250 ded	NA	0.6783	NA
Rx4 10/35/70/25% 250 ded	NA	0.6458	NA
Rx4 10/35/75/25%	NA	0.8029	NA
Rx4 10/40/70/25% w/ 3500 OOP	NA	0.8136	NA
Rx4 10/40/70/25% 250 ded	NA	0.6270	NA
Rx4 10/45/70/25%	NA	0.7713	NA
Rx4 10/45/75/25%	NA	0.7571	NA
Rx4 10/45/75/25% 100 ded	NA	0.6805	NA
Rx4 10/45/90/25%	NA	0.7236	NA
Rx4 10/45/90/25% 100 ded	NA	0.6498	NA
Rx4 10/45/90/25%	NA	0.7236	NA
Rx4 10/45/90/25% 100 ded	NA	0.6498	NA
Rx4 10/35/55/25% Walmart/CVS	NA	0.7677	NA
Rx4 10/45/90/25% Walmart/CVS	NA	0.6530	NA
Rx4 10/40/70/25% Walmart/CVS	NA	0.7117	NA
Rx4 10/30/50/25% Walmart/CVS	NA	0.8015	NA
Rx4 10/30/50/25% 100 ded Walmart/CVS	NA	0.7229	NA
Rx4 10/35/50/25% 100 ded Walmart/CVS	NA	0.7024	NA
Rx4 10/35/55/25% Walmart/CVS	NA	0.7656	NA
Rx4 10/35/55/25% 250 ded Walmart/CVS	NA	0.6105	NA
Rx4 10/35/70/25% 250 ded Walmart/CVS	NA	0.5813	NA
Rx4 10/35/75/25% Walmart/CVS	NA	0.7226	NA
Rx4 10/40/70/25% w/ 3500 OOP Walmart/CVS	NA	0.7322	NA
Rx4 10/40/70/25% 250 ded Walmart/CVS	NA	0.5643	NA
Rx4 10/45/70/25% Walmart/CVS	NA	0.6942	NA
Rx4 10/45/75/25% Walmart/CVS	NA	0.6813	NA
Rx4 10/45/75/25% 100 ded Walmart/CVS	NA	0.6124	NA
Rx4 10/45/90/25% Walmart/CVS	NA	0.6513	NA
Rx4 10/45/90/25% 100 ded Walmart/CVS	NA	0.5848	NA
Rx4 10/45/90/25% Walmart/CVS	NA	0.6513	NA
Rx4 10/45/90/25% 100 ded Walmart/CVS	NA	0.5848	NA

Medical Area Factors

	Current	Proposed	% Change from Current
Boulder	NA	1.3483	NA
Colorado Springs	NA	1.2143	NA
Denver	NA	1.1990	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA
Southeast Non-MSA	NA	NA	NA
West Non-MSA	NA	NA	NA

Rx Area Factors

	Current	Proposed	% Change from Current
Boulder	NA	1.2682	NA
Colorado Springs	NA	1.2817	NA
Denver	NA	1.4426	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA

Humana Health Plan - Side by Side Comparison

Southeast Non-MSA	NA	<u>Exhibit L</u>	NA
West Non-MSA	NA		NA

Medical Network Factors**HMO Premier**

	<u>Current</u>	<u>Proposed</u>	<u>% Change from Current</u>
Boulder	NA	1.0000	NA
Colorado Springs	NA	1.0000	NA
Denver	NA	1.0000	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA
Southeast Non-MSA	NA	NA	NA
West Non-MSA	NA	NA	NA

HMOx

	<u>Current</u>	<u>Proposed</u>	<u>% Change from Current</u>
Boulder	NA	NA	NA
Colorado Springs	NA	0.8520	NA
Denver	NA	0.8390	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA
Southeast Non-MSA	NA	NA	NA
West Non-MSA	NA	NA	NA

Plan Name	Metal Tier	Rating Area	Network	Premium
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Boulder	NPOS	\$535.41
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Boulder	NPOS	\$388.67
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Boulder	NPOS	\$445.86
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Boulder	NPOS	\$285.63
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Boulder	NPOS	\$322.70
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Boulder	NPOS	\$257.98
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Boulder	HMO OA	\$518.69
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Boulder	HMO OA	\$376.02
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Boulder	HMO OA	\$434.63
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Boulder	HMO OA	\$276.87
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Boulder	HMO OA	\$315.70
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Boulder	HMO OA	\$249.96
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Colorado Springs	NPOS	\$503.87
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Colorado Springs	NPOS	\$369.30
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Colorado Springs	NPOS	\$420.27
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Colorado Springs	NPOS	\$274.44
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	NPOS	\$291.47
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	NPOS	\$246.32
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Colorado Springs	HMO OA	\$488.77
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Colorado Springs	HMO OA	\$357.87
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Colorado Springs	HMO OA	\$410.12
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Colorado Springs	HMO OA	\$266.53
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	HMO OA	\$285.15
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Colorado Springs	HMO OA	\$239.08
Simplicity 100/0 \$30 \$6350 OOP	Gold	Colorado Springs	HMOx	\$367.19
Simplicity 100/0 \$45 \$6350	Silver	Colorado Springs	HMOx	\$271.72
Simplicity 100/0 \$50 \$6350 OOP	Silver	Colorado Springs	HMOx	\$236.24
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Denver	NPOS	\$496.06
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Denver	NPOS	\$363.58
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Denver	NPOS	\$413.76
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Denver	NPOS	\$270.18
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Denver	NPOS	\$286.97
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Denver	NPOS	\$242.51
Trad Copay 100/70 \$25 Copay, \$500 Ded, \$4000 OOP	Gold	Denver	HMO OA	\$481.20
Trad Copay 70/50 \$20 Copay, \$1000 Ded, \$4000 OOP	Gold	Denver	HMO OA	\$352.33
Trad Copay 100/70 \$30 Copay, \$1500 Ded, \$6350 OOP	Silver	Denver	HMO OA	\$403.77
Trad Copay 50/50 \$30 Copay, \$2000 Ded, \$6350 OOP	Silver	Denver	HMO OA	\$262.40
EHDHP 90/60 \$5000 Ded, \$6350 OOP	Bronze	Denver	HMO OA	\$280.74
COINS NPOS 90/60 \$5000 Ded, \$6350 OOP	Bronze	Denver	HMO OA	\$235.37
Simplicity 100/0 \$30 \$6350 OOP	Gold	Denver	HMOx	\$357.31
Simplicity 100/0 \$45 \$6350	Silver	Denver	HMOx	\$264.56
Simplicity 100/0 \$50 \$6350 OOP	Silver	Denver	HMOx	\$230.15

HHP Small Business Non-Grandfathered Rate Manual

HUMANA HEALTH PLAN
This is the rating manual for Humana's Small Business Products.

Medical Rating Formula

The medical rates for coverage types are calculated as follows:

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Network Factor
- 4.) x Age Factor
- 5.) x Medical Plan Benefit Factor
- 6.) x Optional Riders

Drug Rating Formula

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Age Factor
- 4.) x Rx Plan Benefit Factor

TABLE 1
Index Rates

<i>Date</i>	<i>Medical</i>	<i>RX</i>
01/01/2014	\$ 327.75	\$ 55.65
02/01/2014	\$ 327.75	\$ 55.65
03/01/2014	\$ 327.75	\$ 55.65
04/01/2014	\$ 333.34	\$ 56.60
05/01/2014	\$ 333.34	\$ 56.60
06/01/2014	\$ 333.34	\$ 56.60
07/01/2014	\$ 339.04	\$ 57.57
08/01/2014	\$ 339.04	\$ 57.57
09/01/2014	\$ 339.04	\$ 57.57
10/01/2014	\$ 344.81	\$ 58.55
11/01/2014	\$ 344.81	\$ 58.55
12/01/2014	\$ 344.81	\$ 58.55

TABLE 2
Area Factors

<i>Rating Area</i>	<i>Medical</i>	<i>Rx</i>
Boulder	1.3483	1.2682
Colorado Springs	1.2143	1.2817
Denver	1.1990	1.4426
Fort Collins	NA	NA
Grand Junction	NA	NA
Greeley	NA	NA
Northeast Non-MSA	NA	NA
Pueblo	NA	NA
Resort	NA	NA
Southeast Non-MSA	NA	NA
West Non-MSA	NA	NA

TABLE 3
Network Factors

	Boulder	Colorado Springs	Denver
Network Description	Network Factor	Network Factor	Network Factor
NPOS/HMO Premier	1.0000	1.0000	1.0000
HMOx	NA	0.8520	0.8390

TABLE 4
Age Factors

<i><u>Age</u></i>	<i><u>Factor</u></i>		<i><u>Age</u></i>	<i><u>Factor</u></i>
0-20	0.635		43	1.357
21	1.000		44	1.397
22	1.000		45	1.444
23	1.000		46	1.500
24	1.000		47	1.563
25	1.004		48	1.635
26	1.024		49	1.706
27	1.048		50	1.786
28	1.087		51	1.865
29	1.119		52	1.952
30	1.135		53	2.040
31	1.159		54	2.135
32	1.183		55	2.230
33	1.198		56	2.333
34	1.214		57	2.437
35	1.222		58	2.548
36	1.230		59	2.603
37	1.238		60	2.714
38	1.246		61	2.810
39	1.262		62	2.873
40	1.278		63	2.952
41	1.302		64+	3.000
42	1.325			

TABLE 5
Medical Plan Factor

<i>Product Type</i>	<i>Coins</i>	<i>PCP Copay</i>	<i>PCP Ded</i>	<i>PCP OOP</i>	<i>Factor</i>
Trad Copay NPOS	100/70	25	500	4000	0.8058
Trad Copay NPOS	100/70	25	1000	4000	0.7431
Trad Copay NPOS	100/70	30	1500	6400	0.6663
Trad Copay NPOS	100/70	30	2000	6400	0.6271
Trad Copay NPOS	100/70	35	2000	5000	0.6366
Trad Copay NPOS	90/60	30	1500	6400	0.6111
Trad Copay NPOS	90/60	30	2000	6400	0.5866
Trad Copay NPOS	80/50	25	500	4000	0.6350
Trad Copay NPOS	80/50	25	1000	4000	0.5905
Trad Copay NPOS	80/50	40	1500	5000	0.5296
Trad Copay NPOS	80/50	30	2000	6400	0.4941
Trad Copay NPOS	80/50	30	2000	6400	0.4941
Trad Copay NPOS	80/50	45	2000	5000	0.5036
Trad Copay NPOS	70/50	20	1000	4000	0.5602
Trad Copay NPOS	70/50	35	2000	6400	0.4689
Trad Copay NPOS	70/50	40	2000	6400	0.4624
Trad Copay NPOS	60/50	30	2000	6400	0.4458
Trad Copay NPOS	60/50	35	2000	6400	0.4430
Trad Copay NPOS	60/50	40	2000	6400	0.4377
Trad Copay NPOS	50/50	25	2000	6400	0.4036
Trad Copay NPOS	50/50	30	2000	6400	0.3903
Trad Copay NPOS	50/50	35	2000	6400	0.3973
Trad Copay NPOS	50/50	40	2000	6400	0.3916
EHDHP NPOS	100/70	0	2000	2000	0.8766
EHDHP NPOS	90/60	0	5000	6400	0.5714
EHDHP NPOS	80/50	0	2000	6400	0.6548
EHDHP NPOS	80/50	0	4000	6400	0.5232
EHDHP NPOS	80/50	0	5000	6400	0.4870
EHDHP NPOS	70/50	0	1500	6400	0.6335
EHDHP NPOS	70/50	0	3500	6400	0.5175
HDHP NPOS	100/70	0	1750	1750	0.8937
HDHP NPOS	100/70	0	5500	5000	0.5615
HDHP NPOS	80/50	0	1500	6400	0.6888
HDHP NPOS	80/50	0	4000	6400	0.5081
EHDHP Walmart/CVS NPOS	100/70	0	2000	2000	0.8678
EHDHP Walmart/CVS NPOS	90/60	0	5000	6400	0.5656
EHDHP Walmart/CVS NPOS	80/50	0	2000	6400	0.6483
EHDHP Walmart/CVS NPOS	80/50	0	4000	6400	0.5180

<i>Product Type</i>	<i>Coins</i>	<i>PCP Copay</i>	<i>PCP Ded</i>	<i>PCP OOP</i>	<i>Factor</i>
EHDHP Walmart/CVS NPOS	80/50	0	5000	6400	0.4821
EHDHP Walmart/CVS NPOS	70/50	0	1500	6400	0.6271
EHDHP Walmart/CVS NPOS	70/50	0	3500	6400	0.5123
HDHP Walmart/CVS NPOS	100/70	0	1750	1750	0.8847
HDHP Walmart/CVS NPOS	100/70	0	5500	5000	0.5559
HDHP Walmart/CVS NPOS	80/50	0	1500	6400	0.6819
HDHP Walmart/CVS NPOS	80/50	0	4000	6400	0.5031
Simplicity NPOS	100/70	30	0	6400	0.6533
Simplicity NPOS	100/70	45	0	6400	0.4725
Simplicity NPOS	100/70	50	0	6400	0.3975
Coins NPOS	80/50	0	2000	5000	0.5046
Coins NPOS	70/50	0	1500	5000	0.5001
Coins NPOS	70/50	0	5000	6400	0.3634
Trad Copay HMO OA	100/0	25	500	4000	0.7762
Trad Copay HMO OA	100/0	25	1000	4000	0.7187
Trad Copay HMO OA	100/0	30	1500	6400	0.6464
Trad Copay HMO OA	100/0	30	2000	6400	0.6088
Trad Copay HMO OA	100/0	35	2000	5000	0.6173
Trad Copay HMO OA	90/0	30	1500	6400	0.5918
Trad Copay HMO OA	90/0	30	2000	6400	0.5687
Trad Copay HMO OA	80/0	25	500	4000	0.6093
Trad Copay HMO OA	80/0	25	1000	4000	0.5684
Trad Copay HMO OA	80/0	40	1500	5000	0.5111
Trad Copay HMO OA	80/0	30	2000	6400	0.4784
Trad Copay HMO OA	80/0	30	2000	6400	0.4784
Trad Copay HMO OA	80/0	45	2000	5000	0.4859
Trad Copay HMO OA	70/0	20	1000	4000	0.5378
Trad Copay HMO OA	70/0	35	2000	6400	0.4527
Trad Copay HMO OA	70/0	40	2000	6400	0.4458
Trad Copay HMO OA	60/0	30	2000	6400	0.4298
Trad Copay HMO OA	60/0	35	2000	6400	0.4269
Trad Copay HMO OA	60/0	40	2000	6400	0.4216
Trad Copay HMO OA	50/0	25	2000	6400	0.3885
Trad Copay HMO OA	50/0	30	2000	6400	0.3748
Trad Copay HMO OA	50/0	35	2000	6400	0.3819
Trad Copay HMO OA	50/0	40	2000	6400	0.3762
EHDHP HMO OA	100/0	0	2000	2000	0.8656

<u>Product Type</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Factor</u>
EHDHP HMO OA	90/0	0	5000	6350	0.5590
EHDHP HMO OA	80/0	0	2000	6350	0.6413
EHDHP HMO OA	80/0	0	4000	6350	0.5087
EHDHP HMO OA	80/0	0	5000	6350	0.4719
EHDHP HMO OA	70/0	0	1500	6350	0.6178
EHDHP HMO OA	70/0	0	3500	6350	0.5029
HDHP HMO OA	100/0	0	1750	1750	0.8830
HDHP HMO OA	100/0	0	5500	5000	0.5536
HDHP HMO OA	80/0	0	1500	6350	0.6752
HDHP HMO OA	80/0	0	4000	6350	0.4945
EHDHP Walmart/CVS HMO OA	100/0	0	2000	2000	0.8569
EHDHP Walmart/CVS HMO OA	90/0	0	5000	6350	0.5534
EHDHP Walmart/CVS HMO OA	80/0	0	2000	6350	0.6349
EHDHP Walmart/CVS HMO OA	80/0	0	4000	6350	0.5036
EHDHP Walmart/CVS HMO OA	80/0	0	5000	6350	0.4672
EHDHP Walmart/CVS HMO OA	70/0	0	1500	6350	0.6117
EHDHP Walmart/CVS HMO OA	70/0	0	3500	6350	0.4979
HDHP Walmart/CVS HMO OA	100/0	0	1750	1750	0.8741
HDHP Walmart/CVS HMO OA	100/0	0	5500	5000	0.5480
HDHP Walmart/CVS HMO OA	80/0	0	1500	6350	0.6684
HDHP Walmart/CVS HMO OA	80/0	0	4000	6350	0.4895
Simplicity HMO OA	100/0	30	0	6350	0.6403
Simplicity HMO OA	100/0	45	0	6350	0.4512
Simplicity HMO OA	100/0	50	0	6350	0.3729
Coins HMO OA	80/0	0	2000	5000	0.4891
Coins HMO OA	70/0	0	1500	5000	0.4833
Coins HMO OA	70/0	0	5000	6350	0.3492

TABLE 6
Optional Riders

Carry Over Credit	1.0340
Women's Preventive Religious Contraceptive Opt-Out Non-HDHP	0.9897
Women's Preventive Religious Contraceptive Opt-Out HDHP	0.9900

TABLE 7
Rx Plan Benefit Factors

<i><u>Rx Plan</u></i>	<i><u>Rx Plan Benefit Factor</u></i>	<i><u>Walmart/CVS Rx Plan Benefit Factor</u></i>
Rx4 10/35/55/25% Simplicity	0.8530	0.7677
Rx4 10/45/90/25% Simplicity	0.7256	0.6530
Rx4 10/40/70/25% Simplicity	0.7908	0.7117
Rx4 10/30/50/25%	0.8906	0.8015
Rx4 10/30/50/25% 100 ded	0.8032	0.7229
Rx4 10/35/50/25% 100 ded	0.7805	0.7024
Rx4 10/35/55/25%	0.8507	0.7656
Rx4 10/35/55/25% 250 ded	0.6783	0.6105
Rx4 10/35/70/25% 250 ded	0.6458	0.5813
Rx4 10/35/75/25%	0.8029	0.7226
Rx4 10/40/70/25% with 3500 OOP	0.8136	0.7322
Rx4 10/40/70/25% 250 ded	0.6270	0.5643
Rx4 10/45/70/25%	0.7713	0.6942
Rx4 10/45/75/25%	0.7571	0.6813
Rx4 10/45/75/25% 100 ded	0.6805	0.6124
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848

Age Factor 1.278
Medical Plan Factor 0.7762
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 482.88

Drug Rate

Index Rate \$ 53.77
Area Factor 1.446
Age Factor 1.278
Rx Plan Factor 0.8906

Total Drug Rate \$ 88.50

Total Rate \$ 571.38

Medical Rate

Index Rate \$ 316.65
Area Factor 1.5373
Age Factor 1.278
Medical Plan Factor 0.5378
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 334.57

Drug Rate

Index Rate \$ 53.77
Area Factor 1.446
Age Factor 1.278
Rx Plan Factor 0.8015

Total Drug Rate \$ 79.64

Total Rate \$ 414.21

Boulder (SILVER)

Medical Rate

Index Rate \$ 316.65
Area Factor 1.5373
Age Factor 1.278
Medical Plan Factor 0.6464
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 402.13

Drug Rate

Index Rate \$ 53.77
Area Factor 1.446
Age Factor 1.278
Rx Plan Factor 0.7713

Total Drug Rate \$ 76.64

Total Rate \$ 478.77

Medical Rate

Index Rate \$ 316.65
Area Factor 1.5373
Age Factor 1.278
Medical Plan Factor 0.3743
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 233.17

Drug Rate

Index Rate \$ 53.77
Area Factor 1.446
Age Factor 1.278
Rx Plan Factor 0.7229

Total Drug Rate \$ 71.83

Total Rate \$ 305.00

Boulder (BRONZE)

Medical Rate

Index Rate \$ 316.65
Area Factor 1.5373
Age Factor 1.278
Medical Plan Factor 0.559
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 347.76

Drug Rate

Index Rate \$ 53.77
Area Factor 1.446
Age Factor 1.278
Rx Plan Factor 0

Total Drug Rate \$ -

Total Rate \$ 347.76

Medical Rate

Index Rate \$ 316.65
Area Factor 1.5373
Age Factor 1.278
Medical Plan Factor 0.3492
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 217.24

Drug Rate

Index Rate \$ 53.77
Area Factor 1.446
Age Factor 1.278
Rx Plan Factor 0.5848

Total Drug Rate \$ 58.11

Total Rate \$ 275.35

Colorado Springs (GOLD)

Medical Rate

Index Rate \$ 316.65
Area Factor 1.3845
Age Factor 1.278
Medical Plan Factor 0.6403
Network Factor 0.852
Optional Rider 1

Total Medical Rate \$ 305.65

Drug Rate

Index Rate \$ 53.77
Area Factor 1.4613
Age Factor 1.278

Age Factor 1.278
Medical Plan Factor 0.7762
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 434.89

Drug Rate

Index Rate \$ 53.77
Area Factor 1.4613
Age Factor 1.278
Rx Plan Factor 0.8906

Total Drug Rate \$ 89.43

Total Rate \$ 524.32

Medical Rate

Index Rate \$ 316.65
Area Factor 1.3845
Age Factor 1.278
Medical Plan Factor 0.5378
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 301.32

Drug Rate

Index Rate \$ 53.77
Area Factor 1.4613
Age Factor 1.278
Rx Plan Factor 0.8015

Total Drug Rate \$ 80.48

Total Rate \$ 381.80

Colorado Springs (SILVER)

Medical Rate

Index Rate \$ 316.65
Area Factor 1.3845
Age Factor 1.278
Medical Plan Factor 0.6464
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 362.16

Drug Rate

Index Rate \$ 53.77
Area Factor 1.4613
Age Factor 1.278
Rx Plan Factor 0.7713

Total Drug Rate \$ 77.45

Total Rate \$ 439.62

Medical Rate

Index Rate \$ 316.65
Area Factor 1.3845
Age Factor 1.278
Medical Plan Factor 0.3743
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 209.99

Drug Rate

Index Rate \$ 53.77
Area Factor 1.4613
Age Factor 1.278
Rx Plan Factor 0.7229

Total Drug Rate \$ 72.59

Total Rate \$ 282.58

Colorado Springs (BRONZE)

Medical Rate

Index Rate \$ 316.65
Area Factor 1.3845
Age Factor 1.278
Medical Plan Factor 0.559
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 313.20

Drug Rate

Index Rate \$ 53.77
Area Factor 1.4613
Age Factor 1.278
Rx Plan Factor 0

Total Drug Rate \$ -

Total Rate \$ 313.20

Medical Rate

Index Rate \$ 316.65
Area Factor 1.3845
Age Factor 1.278
Medical Plan Factor 0.3492
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 195.65

Drug Rate

Index Rate \$ 53.77
Area Factor 1.4613
Age Factor 1.278
Rx Plan Factor 0.5848

Total Drug Rate \$ 58.72

Total Rate \$ 254.37

Age Factor 1.278
Medical Plan Factor 0.7762
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 429.39

Drug Rate

Index Rate \$ 53.77
Area Factor 1.6447
Age Factor 1.278
Rx Plan Factor 0.8906

Total Drug Rate \$ 100.66

Total Rate \$ 530.05

Medical Rate

Index Rate \$ 316.65
Area Factor 1.367
Age Factor 1.278
Medical Plan Factor 0.5378
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 297.51

Drug Rate

Index Rate \$ 53.77
Area Factor 1.6447
Age Factor 1.278
Rx Plan Factor 0.8015

Total Drug Rate \$ 90.59

Total Rate \$ 388.09

Denver (SILVER)

Medical Rate

Index Rate \$ 316.65
Area Factor 1.367
Age Factor 1.278
Medical Plan Factor 0.6464
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 357.59

Drug Rate

Index Rate \$ 53.77
Area Factor 1.6447
Age Factor 1.278
Rx Plan Factor 0.7713

Total Drug Rate \$ 87.17

Total Rate \$ 444.76

Medical Rate

Index Rate \$ 316.65
Area Factor 1.367
Age Factor 1.278
Medical Plan Factor 0.3743
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 207.34

Drug Rate

Index Rate \$ 53.77
Area Factor 1.6447
Age Factor 1.278
Rx Plan Factor 0.7229

Total Drug Rate \$ 81.70

Total Rate \$ 289.04

Denver (BRONZE)

Medical Rate

Index Rate \$ 316.65
Area Factor 1.367
Age Factor 1.278
Medical Plan Factor 0.559
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 309.24

Drug Rate

Index Rate \$ 53.77
Area Factor 1.6447
Age Factor 1.278
Rx Plan Factor 0

Total Drug Rate \$ -

Total Rate \$ 309.24

Medical Rate

Index Rate \$ 316.65
Area Factor 1.367
Age Factor 1.278
Medical Plan Factor 0.3492
Network Factor 1
Optional Rider 1

Total Medical Rate \$ 193.18

Drug Rate

Index Rate \$ 53.77
Area Factor 1.6447
Age Factor 1.278
Rx Plan Factor 0.5848

Total Drug Rate \$ 66.09

Total Rate \$ 259.27

HMOx Network

Denver (GOLD)

Medical Rate

Index Rate \$ 316.65
Area Factor 1.367
Age Factor 1.278
Medical Plan Factor 0.6403
Network Factor 0.839
Optional Rider 1

Total Medical Rate \$ 297.18

Drug Rate

Index Rate \$ 53.77
Area Factor 1.6447
Age Factor 1.278

January 2014 Index Rate
Boulder Rx Area Factor
40 Male Non-Smoker

Rx Plan Factor	0.853	Rx4 10/35/55/25% Simplicity
Total Drug Rate	\$ 85.66	
Total Rate	\$ 391.31	

Colorado Springs (SILVER)

Medical Rate

Index Rate	\$ 316.65	January 2014 Index Rate
Area Factor	1.3845	Boulder Medical Area Factor
Age Factor	1.278	40 Male Non-Smoker
Medical Plan Factor	0.4512	Simplicity 1000 \$45 \$6350
Network Factor	0.852	HMOx Network
Optional Rider	1	None Selected
Total Medical Rate	\$ 215.38	

Drug Rate

Index Rate	\$ 53.77	January 2014 Index Rate
Area Factor	1.4613	Boulder Rx Area Factor
Age Factor	1.278	40 Male Non-Smoker
Rx Plan Factor	0.7256	Rx4 10/45/90/25% Simplicity
Total Drug Rate	\$ 72.86	
Total Rate	\$ 288.25	

Medical Rate

Index Rate	\$ 316.65	January 2014 Index Rate
Area Factor	1.3845	Boulder Medical Area Factor
Age Factor	1.278	40 Male Non-Smoker
Medical Plan Factor	0.3729	Simplicity 1000 \$50 \$6350 OOP
Network Factor	0.852	HMOx Network
Optional Rider	1	None Selected
Total Medical Rate	\$ 178.01	

Drug Rate

Index Rate	\$ 53.77	January 2014 Index Rate
Area Factor	1.4613	Boulder Rx Area Factor
Age Factor	1.278	40 Male Non-Smoker
Rx Plan Factor	0.7117	Rx4 10/45/70/25% Simplicity Walmart/CVS
Total Drug Rate	\$ 71.47	
Total Rate	\$ 249.47	

Rx Plan Factor	0.853	Rx4 10/35/55/25% Simplicity
Total Drug Rate	\$ 96.41	
Total Rate	\$ 393.59	

Denver (SILVER)

Medical Rate

Index Rate	\$ 316.65	January 2014 Index Rate
Area Factor	1.367	Boulder Medical Area Factor
Age Factor	1.278	40 Male Non-Smoker
Medical Plan Factor	0.4512	Simplicity 1000 \$45 \$6350
Network Factor	0.839	HMOx Network
Optional Rider	1	None Selected
Total Medical Rate	\$ 209.42	

Drug Rate

Index Rate	\$ 53.77	January 2014 Index Rate
Area Factor	1.6447	Boulder Rx Area Factor
Age Factor	1.278	40 Male Non-Smoker
Rx Plan Factor	0.7256	Rx4 10/45/90/25% Simplicity
Total Drug Rate	\$ 82.01	
Total Rate	\$ 291.42	

Medical Rate

Index Rate	\$ 316.65	January 2014 Index Rate
Area Factor	1.367	Boulder Medical Area Factor
Age Factor	1.278	40 Male Non-Smoker
Medical Plan Factor	0.3729	Simplicity 1000 \$50 \$6350 OOP
Network Factor	0.839	HMOx Network
Optional Rider	1	None Selected
Total Medical Rate	\$ 173.07	

Drug Rate

Index Rate	\$ 53.77	January 2014 Index Rate
Area Factor	1.6447	Boulder Rx Area Factor
Age Factor	1.278	40 Male Non-Smoker
Rx Plan Factor	0.7117	Rx4 10/45/70/25% Simplicity Walmart/CVS
Total Drug Rate	\$ 80.44	
Total Rate	\$ 253.51	

ACTUARIAL MEMORANDUM

Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template and table General filing requirements, Actuarial Certification requirements, and submission requirements are identified in Section 5 of Colorado Regulation without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.

Company:	Humana Health Plan
NAIC #:	95885
SERFF Filing #:	128990602
SERFF Binder Filing #:	N/A

A: SUMMARY

1. Reason(s):	This is a new rate filing.
2. Requested Rate Action:	This filing has been prepared to request approval of 2014 Index Rates and ACA compliant products.
3. Marketing method(s):	Agency/Broker
4. Premium Classification(s):	Premiums are defined by the group characteristics, product benefits, network, and location based on the eleven prescribed regions.
5. Product Description(s):	All NPOS and Open Access HMO Products
6. Policy/Rider Impacted:	N/A
7. Age Basis:	Premiums are charged based on age at renewal.
8. Renewability provision:	All policies are guaranteed renewable at a date one year from when coverage began except only when a group has been terminated for non payment or fraud.
Additional Information:	

B. ASSUMPTION, MERGER OR ACQUISITION

1. Is product part of assumption, acquisition, or merger (from or with another company)?	No
Assumption:	No
Acquisition:	No
Merger:	No
2. If yes, provide name of company(s):	N/A
3. Closing Date of assumption, merger or acquisition:	N/A
Additional Information:	

C. RATING PERIOD

Proposed Effective Date: (may not say "upon approval")	01/01/2014
Rating Period:	Annual
Rating Period Dates:	01/01/2014 to 12/31/2014

D. EFFECT OF LAW CHANGES

Identify and quantify changes resulting from mandated benefits and other law changes:	The percent of claims represented by newly added benefits which are Essential Health Benefits is 0.91% which is comprised of the following services: Pediatric dental/vision (0.59%), Oral surgery for bony teeth and necessary orthodontia (0.07%), Private duty nursing (0.2%), and Chiropractic therapies (0.05%).
Additional Information:	

E. RATE HISTORY

Provide rate changes made in at least the last three years (If available)	N/A
N/A (Initial Filing)	

F: COORDINATION OF BENEFITS		
Provides actual loss experience net of any savings:	N/A	
Additional Information:		
G. RELATIONSHIP OF BENEFITS TO PREMIUM		
Description	Percentage	
Commissions	5.30%	
General expenses	8.11%	
Premium taxes	0.44%	
Profit/Contingencies	2.20%	
PPACA Fees	3.95%	
Exchange Fees	0.00%	
Investment Income	0.00%	
Other		
Total Retention:	20%	
Targeted Loss Ratio:	80%	
H. PROVISION FOR PROFIT AND CONTINGENCIES		
1. Provision for Profit and Contingencies:	%	Pre-FIT After tax
		2.2%
2. Proposed load in excess of 7% after tax.		0.0%
Provide detailed support:		
Additional Information:	Investment income has been considered in the rate making process and is used as a contingency margin in areas where HHP has been unable to achieve a 2.2% profit margin	
I. DETERMINATION OF PROPOSED RATES		
Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis. (this can be attached with support in a pdf document)		
1. Explain, in detail, how rates and/or rate changes were developed:	The estimated index rate is calculated as the average claims PMPM amount, adjusted for expected risk adjustment transfer. Quarterly trend is applied on a quarterly basis, therefore there will be a new index rate every three months.	
2. Provide adequate support for all assumptions and methodologies used:	Please see the Unified Rate Review Template for details.	
J. TREND		
Additional support and information must be provided on the "Historical Trend" and "Normalized Trend" tabs		
Itemized trend component	Trend (%)	
MEDICAL TREND (total)		
Medical provider price increase		
Utilization changes		
Medical cost shifting		
Medical procedures and new technology		
INSURANCE TREND (total)		
Underwriting wearoff		
Deductible leveraging		
Anti-selection		
PHARMACEUTICAL TREND (total)		
Price increases		
Utilization changes		
Cost shifting		
Introduction of new brand and generic drugs		
TOTAL AVERAGE ANNUALIZED TREND (required)	7.00%	
Additional information:		
K. CREDIBILITY		

1. Credibility Percentage (Colorado Only):	100% If other, please specify
The above credibility percentage is based upon:	<input checked="" type="checkbox"/> Life Years <input type="checkbox"/> Claims
Other (please specify)	
2. Number of years of data used to calculate above credibility percentage:	1
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.	N/A
Additional Information: (including collateral data, if used)	Non-grandfathered HHP small group block Humana had 121,277 member months in the experience period, which is a sufficient block to be fully credible based on Colorado's definition of credibility based on 2,000 life years.
L. DATA REQUIREMENTS	
	Complete tab "Data Requirements"
M. SIDE-BY-SIDE COMPARISON	
	Complete tab "Side by Side Comparison"
N. BENEFITS RATIO PROJECTIONS	
	Complete tab "Projected Benefits Ratio"
O. OTHER FACTORS	
Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	Age Factors - The prescribed standardized factors as mandated by the federal government were used.
	Area Factors - The area factors utilize the eleven standardized geographic regions set forth by the state of Colorado. Humana assumed the distribution of business through geographical areas would remain the same as in the base experience period. A review of unit cost and provider practice patterns was completed with the variance of the regions being embedded with the area rating factors.
Additional Information:	Network Factors - The network factors reflect the estimated cost differences between differences in utilization management, reimbursement levels, and discounts between provider networks.

II. DATA REQUIREMENTSColorado-only basis for at least 3 years. **Include** national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed effective date.

COLORADO								
Year*	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	\$ 9,253,342	\$ 7,327,122	\$ 7,327,122	\$ -	79.2%	2,326	285,962	\$ 10,605,213
2011	\$ 26,963,201	\$ 19,621,636	\$ 19,621,636	\$ -	72.8%	6,713	582,032	\$ 28,786,587
2012	\$ 41,037,551	\$ 31,752,961	\$ 31,371,925	\$ 381,036	77.4%	9,826	861,443	\$ 41,037,551
01/2013-01/2013	\$ 3,983,659	\$ 2,466,617	\$ 2,264,354	\$ 202,263	61.9%	11,061	70,659	NA

*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY

Above data is for:	N/A	
	Existing Product	
	Comparable Product <input checked="" type="checkbox"/>	
	Other _____ (please specify)	

OTHER DATA						
Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Average Covered Lives	Number of Claims
2010						
2011						
2012						
2013						
Above data is for: <input type="checkbox"/>	N/A					
	Existing Product					
	Comparable Product					
	National					
	Other (please specify)					
Experience Period: (From <input type="text"/> to <input type="text"/>)						
Additional Information:						

M. SIDE-BY-SIDE COMPARISON				N/A			
If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.							
Description		Current Rate/ Rating Factor/ Rating Variable		Proposed Rate/ Rating Factor/Rating Variable		Percentage Increase/ Decrease	
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:		The side-by-side comparison has been attached as Exhibit I.					
Description and detailed support for new rating factor(s):							
Additional Information:							

N. PROJECTED EXPERIENCE FOR RATING PERIOD			
	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change			
Projected Experience With Rate Change			
Additional Information	Projected benefit ratios are not applicable for new products where there is no experience period.		

			Medical		Pharmacy		Medical	Pharmacy	Total
			Total	Estimated	Total	Estimated	12-Month	12-Month	12-Month
Row #	Month	Members	Incurred Claims	IBNR Claims	Incurred Claims	IBNR Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	Feb-09								
2	Mar-09								
3	Apr-09								
4	May-09								
5	Jun-09								
6	Jul-09								
7	Aug-09								
8	Sep-09								
9	Oct-09								
10	Nov-09								
11	Dec-09								
12	Jan-10	913	\$206,460	\$0	\$35,142	\$0			
13	Feb-10	649	\$92,413	\$0	\$25,191	\$0			
14	Mar-10	53	\$27,447	\$0	\$2,290	\$0			
15	Apr-10	691	\$103,970	\$0	\$13,469	\$0			
16	May-10	1,359	\$231,643	\$0	\$47,730	\$0			
17	Jun-10	2,113	\$526,945	\$0	\$76,246	\$0			
18	Jul-10	2,689	\$1,204,351	\$0	\$106,007	\$0			
19	Aug-10	3,217	\$850,350	\$0	\$134,310	\$0			
20	Sep-10	3,538	\$954,107	\$0	\$150,003	\$0			
21	Oct-10	3,807	\$964,131	\$0	\$167,085	\$0			
22	Nov-10	4,112	\$818,063	\$0	\$171,477	\$0			
23	Dec-10	4,771	\$1,347,243	\$0	\$226,671	\$0			
24	Jan-11	5,581	\$999,266	\$139	\$195,515	\$0	\$262.51	\$41.40	\$303.91
25	Feb-11	5,654	\$1,160,998	\$171	\$202,342	\$0	\$249.23	\$40.39	\$289.62
26	Mar-11	6,107	\$1,463,068	\$268	\$227,525	\$0	\$244.47	\$39.73	\$284.20
27	Apr-11	6,352	\$1,054,709	\$271	\$227,321	\$0	\$243.46	\$39.38	\$282.83
28	May-11	6,453	\$2,001,356	\$305	\$281,304	\$0	\$234.78	\$39.19	\$273.98
29	Jun-11	6,662	\$1,510,411	\$452	\$304,787	\$23	\$245.33	\$39.82	\$285.15
30	Jul-11	6,708	\$1,727,440	\$579	\$276,197	\$20	\$243.08	\$40.62	\$283.70
31	Aug-11	6,847	\$1,640,721	\$834	\$292,947	\$47	\$235.87	\$40.73	\$276.61
32	Sep-11	7,232	\$1,666,271	\$907	\$390,066	\$64	\$234.89	\$40.89	\$275.78
33	Oct-11	7,298	\$1,971,834	\$1,179	\$335,110	\$53	\$232.67	\$42.16	\$274.83
34	Nov-11	7,629	\$1,821,784	\$1,719	\$354,689	\$59	\$235.32	\$42.44	\$277.76
35	Dec-11	8,033	\$2,603,777	\$2,589	\$364,794	\$58	\$237.60	\$42.88	\$280.48
36	Jan-12	8,931	\$2,584,933	\$3,101	\$328,504	\$51	\$243.58	\$42.86	\$286.44
37	Feb-12	9,132	\$2,991,557	\$4,647	\$387,957	\$63	\$252.75	\$42.73	\$295.48
38	Mar-12	9,271	\$2,750,489	\$5,678	\$412,777	\$66	\$263.64	\$43.16	\$306.80
39	Apr-12	9,577	\$2,546,601	\$13,676	\$464,878	\$77	\$268.65	\$43.69	\$312.34
40	May-12	9,734	\$2,651,995	\$19,377	\$451,592	\$73	\$275.32	\$44.73	\$320.04
41	Jun-12	9,752	\$2,242,611	\$14,235	\$430,509	\$69	\$272.71	\$44.97	\$317.68
42	Jul-12	9,747	\$2,118,864	\$11,412	\$423,355	\$104	\$271.61	\$44.84	\$316.44
43	Aug-12	9,944	\$2,395,603	\$18,694	\$454,520	\$158	\$267.40	\$44.94	\$312.34
44	Sep-12	10,238	\$2,470,146	\$21,149	\$436,818	\$194	\$266.71	\$45.15	\$311.87
45	Oct-12	10,469	\$3,026,613	\$45,362	\$516,273	\$417	\$266.73	\$44.34	\$311.07
46	Nov-12	10,526	\$3,026,578	\$69,919	\$498,834	\$493	\$268.59	\$44.70	\$313.29
47	Dec-12	10,588	\$2,946,869	\$149,066	\$539,944	\$659	\$272.29	\$44.83	\$317.12
48	Jan-13	11,061	\$2,466,617	\$202,344	\$420,358	\$704	\$269.30	\$45.34	\$314.64

			Medical		Pharmacy		One Year Trends		
Start Month	End Month	Members Months	Total Incurred Claims	Estimated IBNR Claims	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
Feb-09	Jan-10	913	206,460	0	35,142	0			
Feb-10	Jan-11	32,580	8,119,928	139	1,315,994	0			
Feb-11	Jan-12	83,906	21,207,303	12,375	3,585,586	376			
Feb-12	Jan-13	120,039	31,634,543	575,559	5,437,815	3,076			

			Medical	Pharmacy	Medical	Pharmacy	Total
			Normalized	Normalized	12-Month	12-Month	12-Month
Row #	Month	Members	Incurred Claims	Incurred Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	Feb-09						
2	Mar-09						
3	Apr-09						
4	May-09						
5	Jun-09						
6	Jul-09						
7	Aug-09						
8	Sep-09						
9	Oct-09						
10	Nov-09	Data Available Quarterly PMPM					
11	Dec-09						
12	Jan-10	913	\$247	\$50			
13	Feb-10	649	\$247	\$50			
14	Mar-10	53	\$247	\$50			
15	Apr-10	691	\$262	\$52			
16	May-10	1,359	\$262	\$52			
17	Jun-10	2,113	\$262	\$52			
18	Jul-10	2,689	\$290	\$54			
19	Aug-10	3,217	\$290	\$54			
20	Sep-10	3,538	\$290	\$54			
21	Oct-10	3,807	\$309	\$60			
22	Nov-10	4,112	\$309	\$60			
23	Dec-10	4,771	\$309	\$60			
24	Jan-11	5,581	\$274	\$57	\$ 292	\$ 56	\$ 348
25	Feb-11	5,654	\$274	\$57	\$ 290	\$ 56	\$ 346
26	Mar-11	6,107	\$274	\$57	\$ 288	\$ 56	\$ 345
27	Apr-11	6,352	\$279	\$60	\$ 286	\$ 56	\$ 343
28	May-11	6,453	\$279	\$60	\$ 286	\$ 57	\$ 343
29	Jun-11	6,662	\$279	\$60	\$ 285	\$ 57	\$ 343
30	Jul-11	6,708	\$311	\$62	\$ 285	\$ 58	\$ 343
31	Aug-11	6,847	\$311	\$62	\$ 288	\$ 58	\$ 346
32	Sep-11	7,232	\$311	\$62	\$ 290	\$ 59	\$ 349
33	Oct-11	7,298	\$304	\$62	\$ 292	\$ 60	\$ 352
34	Nov-11	7,629	\$303	\$64	\$ 293	\$ 60	\$ 353
35	Dec-11	8,033	\$303	\$64	\$ 293	\$ 60	\$ 353
36	Jan-12	8,931	\$343	\$61	\$ 293	\$ 61	\$ 353
37	Feb-12	9,132	\$343	\$61	\$ 299	\$ 61	\$ 360
38	Mar-12	9,271	\$343	\$61	\$ 306	\$ 61	\$ 367
39	Apr-12	9,577	\$298	\$62	\$ 312	\$ 62	\$ 373
40	May-12	9,734	\$298	\$62	\$ 313	\$ 62	\$ 374
41	Jun-12	9,752	\$298	\$62	\$ 313	\$ 62	\$ 375
42	Jul-12	9,747	\$290	\$60	\$ 314	\$ 62	\$ 376
43	Aug-12	9,944	\$290	\$60	\$ 312	\$ 62	\$ 374
44	Sep-12	10,238	\$290	\$60	\$ 310	\$ 61	\$ 372
45	Oct-12	10,469	\$318	\$65	\$ 308	\$ 61	\$ 370
46	Nov-12	10,526	\$318	\$65	\$ 309	\$ 62	\$ 371
47	Dec-12	10,588	\$318	\$65	\$ 311	\$ 62	\$ 372
48	Jan-13	11,061	\$357	\$61	\$ 312	\$ 62	\$ 374

One Year Trends							
Start Month	End Month	Members Months	Medical Total Incurred Claims	Pharmacy Total Incurred Claims	Medical Trend	Pharmacy Trend	Total Trend
Feb-09	Jan-10	913	225,445	45,732			
Feb-10	Jan-11	32,580	9,445,002	1,832,119			
Feb-11	Jan-12	83,906	25,125,609	5,114,494			
Feb-12	Jan-13	120,039	37,660,101	7,415,626			

HUMANA HEALTH PLAN: 1-50

Colorado Rating Example

Medical

1.) Index Rate	\$ 291.78	01/01/2014 Effective
2.) x Area Factor	1.3468	Denver
3.) x Network Factor	1.0000	HMO Premier Network
4.) x Age Factor	9.08	8 30 year-old males EE (1.135 x 8)
5.) x Medical Plan Benefit Factor	0.5111	NPOS Traditional Copay; Coins 80%, \$40 Copay, \$1,500 Deductible, \$5,000 Out-of-Pocket
6.) x Optional Riders	1.034	Carry Over Credit

Medical Rate \$ 1,885.69

Drug

1.) Index Rate	\$ 49.55	01/01/2014 Effective
2.) x Area Factor	1.6204	Denver
3.) x Age Factor	9.08	8 30 year-old males EE (1.135 x 8)
4.) x Rx Plan Benefit Factor	0.6805	Rx4 \$100 Deductible 10/45/75/25%

Drug Rate \$ 496.11

TOTAL RATE \$ 2,381.80 Medical Rate + Drug Rate

Humana Health Plan - Side by Side Comparison

Exhibit I.

Medical Index Rates for CO Small Group Business

<u>Date</u>	<u>Current Index Rate</u>	<u>Proposed Rate</u>	<u>% Change From Current</u>	<u>% Monthly Change</u>
01/01/2014	NA	327.75	NA	NA
02/01/2014	NA	327.75	NA	0.0%
03/01/2014	NA	327.75	NA	0.0%
04/01/2014	NA	333.34	NA	1.7%
05/01/2014	NA	333.34	NA	0.0%
06/01/2014	NA	333.34	NA	0.0%
07/01/2014	NA	339.04	NA	1.7%
08/01/2014	NA	339.04	NA	0.0%
09/01/2014	NA	339.04	NA	0.0%
10/01/2014	NA	344.81	NA	1.7%
11/01/2014	NA	344.81	NA	0.0%
12/01/2014	NA	344.81	NA	0.0%

Rx Index Rates for CO Small Group Business

<u>Date</u>	<u>Current Index Rate</u>	<u>Proposed Rate</u>	<u>% Change From Current</u>	<u>% Monthly Change</u>
01/01/2014	NA	55.65	NA	NA
02/01/2014	NA	55.65	NA	0.0%
03/01/2014	NA	55.65	NA	0.0%
04/01/2014	NA	56.60	NA	1.7%
05/01/2014	NA	56.60	NA	0.0%
06/01/2014	NA	56.60	NA	0.0%
07/01/2014	NA	57.57	NA	1.7%
08/01/2014	NA	57.57	NA	0.0%
09/01/2014	NA	57.57	NA	0.0%
10/01/2014	NA	58.55	NA	1.7%
11/01/2014	NA	58.55	NA	0.0%
12/01/2014	NA	58.55	NA	0.0%

Medical Plan Benefit Factors

Product Type	Coins	PCP Copay	Par Ded	Par OOP	Current Factor	Revised Factor	% Change
Trad Copay NPOS	100/70	25	500	4000	NA	0.8058	NA
Trad Copay NPOS	100/70	25	1000	4000	NA	0.7431	NA
Trad Copay NPOS	100/70	30	1500	6400	NA	0.6663	NA
Trad Copay NPOS	100/70	30	2000	6400	NA	0.6271	NA
Trad Copay NPOS	100/70	35	2000	5000	NA	0.6366	NA
Trad Copay NPOS	90/60	30	1500	6400	NA	0.6111	NA
Trad Copay NPOS	90/60	30	2000	6400	NA	0.5866	NA
Trad Copay NPOS	80/50	25	500	4000	NA	0.6350	NA
Trad Copay NPOS	80/50	25	1000	4000	NA	0.5905	NA
Trad Copay NPOS	80/50	40	1500	5000	NA	0.5296	NA
Trad Copay NPOS	80/50	30	2000	6400	NA	0.4941	NA
Trad Copay NPOS	80/50	30	2000	6400	NA	0.4941	NA
Trad Copay NPOS	80/50	45	2000	5000	NA	0.5036	NA
Trad Copay NPOS	70/50	20	1000	4000	NA	0.5602	NA
Trad Copay NPOS	70/50	35	2000	6400	NA	0.4689	NA
Trad Copay NPOS	70/50	40	2000	6400	NA	0.4624	NA
Trad Copay NPOS	60/50	30	2000	6400	NA	0.4458	NA
Trad Copay NPOS	60/50	35	2000	6400	NA	0.4430	NA
Trad Copay NPOS	60/50	40	2000	6400	NA	0.4377	NA
Trad Copay NPOS	50/50	25	2000	6400	NA	0.4036	NA
Trad Copay NPOS	50/50	30	2000	6400	NA	0.3903	NA
Trad Copay NPOS	50/50	35	2000	6400	NA	0.3973	NA
Trad Copay NPOS	50/50	40	2000	6400	NA	0.3916	NA
EHDHP NPOS	100/70	0	2000	2000	NA	0.8766	NA
EHDHP NPOS	90/60	0	5000	6400	NA	0.5714	NA
EHDHP NPOS	80/50	0	2000	6400	NA	0.6548	NA
EHDHP NPOS	80/50	0	4000	6400	NA	0.5232	NA
EHDHP NPOS	80/50	0	5000	6400	NA	0.4870	NA
EHDHP NPOS	70/50	0	1500	6400	NA	0.6335	NA
EHDHP NPOS	70/50	0	3500	6400	NA	0.5175	NA
HDHP NPOS	100/70	0	1750	1750	NA	0.8937	NA
HDHP NPOS	100/70	0	5500	5000	NA	0.5615	NA
HDHP NPOS	80/50	0	1500	6400	NA	0.6888	NA
HDHP NPOS	80/50	0	4000	6400	NA	0.5081	NA
EHDHP Walmart/CVS NPOS	100/70	0	2000	2000	NA	0.8678	NA
EHDHP Walmart/CVS NPOS	90/60	0	5000	6400	NA	0.5656	NA
EHDHP Walmart/CVS NPOS	80/50	0	2000	6400	NA	0.6483	NA
EHDHP Walmart/CVS NPOS	80/50	0	4000	6400	NA	0.5180	NA

Humana Health Plan - Side by Side Comparison
Exhibit I.

EHDHP Walmart/CVS NPOS	80/50	0	5000	6400	NA	0.4821	NA
EHDHP Walmart/CVS NPOS	70/50	0	1500	6400	NA	0.6271	NA
EHDHP Walmart/CVS NPOS	70/50	0	3500	6400	NA	0.5123	NA
HDHP Walmart/CVS NPOS	100/70	0	1750	1750	NA	0.8847	NA
HDHP Walmart/CVS NPOS	100/70	0	5500	5000	NA	0.5559	NA
HDHP Walmart/CVS NPOS	80/50	0	1500	6400	NA	0.6819	NA
HDHP Walmart/CVS NPOS	80/50	0	4000	6400	NA	0.5031	NA
Simplicity NPOS	100/70	30	0	6400	NA	0.6533	NA
Simplicity NPOS	100/70	45	0	6400	NA	0.4725	NA
Simplicity NPOS	100/70	50	0	6400	NA	0.3975	NA
Coins NPOS	80/50	0	2000	5000	NA	0.5046	NA
Coins NPOS	70/50	0	1500	5000	NA	0.5001	NA
Coins NPOS	70/50	0	5000	6400	NA	0.3634	NA
Trad Copay HMO OA	100/0	25	500	4000	NA	0.7762	NA
Trad Copay HMO OA	100/0	25	1000	4000	NA	0.7187	NA
Trad Copay HMO OA	100/0	30	1500	6400	NA	0.6464	NA
Trad Copay HMO OA	100/0	30	2000	6400	NA	0.6088	NA
Trad Copay HMO OA	100/0	35	2000	5000	NA	0.6173	NA
Trad Copay HMO OA	90/0	30	1500	6400	NA	0.5918	NA
Trad Copay HMO OA	90/0	30	2000	6400	NA	0.5687	NA
Trad Copay HMO OA	80/0	25	500	4000	NA	0.6093	NA
Trad Copay HMO OA	80/0	25	1000	4000	NA	0.5684	NA
Trad Copay HMO OA	80/0	40	1500	5000	NA	0.5111	NA
Trad Copay HMO OA	80/0	30	2000	6400	NA	0.4784	NA
Trad Copay HMO OA	80/0	30	2000	6400	NA	0.4784	NA
Trad Copay HMO OA	80/0	45	2000	5000	NA	0.4859	NA
Trad Copay HMO OA	70/0	20	1000	4000	NA	0.5378	NA
Trad Copay HMO OA	70/0	35	2000	6400	NA	0.4527	NA
Trad Copay HMO OA	70/0	40	2000	6400	NA	0.4458	NA
Trad Copay HMO OA	60/0	30	2000	6400	NA	0.4298	NA
Trad Copay HMO OA	60/0	35	2000	6400	NA	0.4269	NA
Trad Copay HMO OA	60/0	40	2000	6400	NA	0.4216	NA
Trad Copay HMO OA	50/0	25	2000	6400	NA	0.3885	NA
Trad Copay HMO OA	50/0	30	2000	6400	NA	0.3748	NA
Trad Copay HMO OA	50/0	35	2000	6400	NA	0.3819	NA
Trad Copay HMO OA	50/0	40	2000	6400	NA	0.3762	NA
EHDHP HMO OA	100/0	0	2000	2000	NA	0.8656	NA
EHDHP HMO OA	90/0	0	5000	6400	NA	0.5590	NA
EHDHP HMO OA	80/0	0	2000	6400	NA	0.6413	NA
EHDHP HMO OA	80/0	0	4000	6400	NA	0.5087	NA
EHDHP HMO OA	80/0	0	5000	6400	NA	0.4719	NA
EHDHP HMO OA	70/0	0	1500	6400	NA	0.6178	NA
EHDHP HMO OA	70/0	0	3500	6400	NA	0.5029	NA
HDHP HMO OA	100/0	0	1750	1750	NA	0.8830	NA
HDHP HMO OA	100/0	0	5500	5000	NA	0.5536	NA
HDHP HMO OA	80/0	0	1500	6400	NA	0.6752	NA
HDHP HMO OA	80/0	0	4000	6400	NA	0.4945	NA
EHDHP Walmart/CVS HMO OA	100/0	0	2000	2000	NA	0.8569	NA
EHDHP Walmart/CVS HMO OA	90/0	0	5000	6400	NA	0.5534	NA
EHDHP Walmart/CVS HMO OA	80/0	0	2000	6400	NA	0.6349	NA
EHDHP Walmart/CVS HMO OA	80/0	0	4000	6400	NA	0.5036	NA
EHDHP Walmart/CVS HMO OA	80/0	0	5000	6400	NA	0.4672	NA
EHDHP Walmart/CVS HMO OA	70/0	0	1500	6400	NA	0.6117	NA
EHDHP Walmart/CVS HMO OA	70/0	0	3500	6400	NA	0.4979	NA
HDHP Walmart/CVS HMO OA	100/0	0	1750	1750	NA	0.8741	NA
HDHP Walmart/CVS HMO OA	100/0	0	5500	5000	NA	0.5480	NA
HDHP Walmart/CVS HMO OA	80/0	0	1500	6400	NA	0.6684	NA
HDHP Walmart/CVS HMO OA	80/0	0	4000	6400	NA	0.4895	NA
Simplicity HMO OA	100/0	30	0	6400	NA	0.6403	NA
Simplicity HMO OA	100/0	45	0	6400	NA	0.4512	NA
Simplicity HMO OA	100/0	50	0	6400	NA	0.3729	NA
Coins HMO OA	80/0	0	2000	5000	NA	0.4891	NA
Coins HMO OA	70/0	0	1500	5000	NA	0.4833	NA
Coins HMO OA	70/0	0	5000	6400	NA	0.3492	NA

Humana Health Plan - Side by Side Comparison

Exhibit I.

Rx Plan Benefit Factors

Description	Current Factor	Revised Factor	% Change
Rx4 10/35/55/25%	NA	0.8530	NA
Rx4 10/45/90/25%	NA	0.7256	NA
Rx4 10/40/70/25%	NA	0.7908	NA
Rx4 10/30/50/25%	NA	0.8906	NA
Rx4 10/30/50/25% 100 ded	NA	0.8032	NA
Rx4 10/35/50/25% 100 ded	NA	0.7805	NA
Rx4 10/35/55/25%	NA	0.8507	NA
Rx4 10/35/55/25% 250 ded	NA	0.6783	NA
Rx4 10/35/70/25% 250 ded	NA	0.6458	NA
Rx4 10/35/75/25%	NA	0.8029	NA
Rx4 10/40/70/25% w/ 3500 OOP	NA	0.8136	NA
Rx4 10/40/70/25% 250 ded	NA	0.6270	NA
Rx4 10/45/70/25%	NA	0.7713	NA
Rx4 10/45/75/25%	NA	0.7571	NA
Rx4 10/45/75/25% 100 ded	NA	0.6805	NA
Rx4 10/45/90/25%	NA	0.7236	NA
Rx4 10/45/90/25% 100 ded	NA	0.6498	NA
Rx4 10/45/90/25%	NA	0.7236	NA
Rx4 10/45/90/25% 100 ded	NA	0.6498	NA
Rx4 10/35/55/25% Walmart/CVS	NA	0.7677	NA
Rx4 10/45/90/25% Walmart/CVS	NA	0.6530	NA
Rx4 10/40/70/25% Walmart/CVS	NA	0.7117	NA
Rx4 10/30/50/25% Walmart/CVS	NA	0.8015	NA
Rx4 10/30/50/25% 100 ded Walmart/CVS	NA	0.7229	NA
Rx4 10/35/50/25% 100 ded Walmart/CVS	NA	0.7024	NA
Rx4 10/35/55/25% Walmart/CVS	NA	0.7656	NA
Rx4 10/35/55/25% 250 ded Walmart/CVS	NA	0.6105	NA
Rx4 10/35/70/25% 250 ded Walmart/CVS	NA	0.5813	NA
Rx4 10/35/75/25% Walmart/CVS	NA	0.7226	NA
Rx4 10/40/70/25% w/ 3500 OOP Walmart/CVS	NA	0.7322	NA
Rx4 10/40/70/25% 250 ded Walmart/CVS	NA	0.5643	NA
Rx4 10/45/70/25% Walmart/CVS	NA	0.6942	NA
Rx4 10/45/75/25% Walmart/CVS	NA	0.6813	NA
Rx4 10/45/75/25% 100 ded Walmart/CVS	NA	0.6124	NA
Rx4 10/45/90/25% Walmart/CVS	NA	0.6513	NA
Rx4 10/45/90/25% 100 ded Walmart/CVS	NA	0.5848	NA
Rx4 10/45/90/25% Walmart/CVS	NA	0.6513	NA
Rx4 10/45/90/25% 100 ded Walmart/CVS	NA	0.5848	NA

Medical Area Factors

	Current	Proposed	% Change from Current
Boulder	NA	1.5373	NA
Colorado Springs	NA	1.3845	NA
Denver	NA	1.3670	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA
Southeast Non-MSA	NA	NA	NA
West Non-MSA	NA	NA	NA

Rx Area Factors

	Current	Proposed	% Change from Current
Boulder	NA	1.4460	NA
Colorado Springs	NA	1.4613	NA
Denver	NA	1.6447	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA

Humana Health Plan - Side by Side Comparison

Southeast Non-MSA	NA	<u>Exhibit L</u>	NA
West Non-MSA	NA		NA

Medical Network Factors

HMO Premier

	<u>Current</u>	<u>Proposed</u>	<u>% Change from Current</u>
Boulder	NA	1.0000	NA
Colorado Springs	NA	1.0000	NA
Denver	NA	1.0000	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA
Southeast Non-MSA	NA	NA	NA
West Non-MSA	NA	NA	NA

HMOx

	<u>Current</u>	<u>Proposed</u>	<u>% Change from Current</u>
Boulder	NA	NA	NA
Colorado Springs	NA	0.8520	NA
Denver	NA	0.8390	NA
Fort Collins	NA	NA	NA
Grand Junction	NA	NA	NA
Greeley	NA	NA	NA
Northeast Non-MSA	NA	NA	NA
Pueblo	NA	NA	NA
Resort	NA	NA	NA
Southeast Non-MSA	NA	NA	NA
West Non-MSA	NA	NA	NA

HHP Small Business Non-Grandfathered Rate Manual

HUMANA HEALTH PLAN
This is the rating manual for Humana's Small Business Products.

Medical Rating Formula

The medical rates for coverage types are calculated as follows:

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Network Factor
- 4.) x Age Factor
- 5.) x Medical Plan Benefit Factor
- 6.) x Optional Riders

Drug Rating Formula

- 1.) Index Rate
- 2.) x Area Factor
- 3.) x Age Factor
- 4.) x Rx Plan Benefit Factor

TABLE 1

Index Rates

<i>Date</i>	<i>Medical</i>	<i>RX</i>
01/01/2014	\$ 327.75	\$ 55.65
02/01/2014	\$ 327.75	\$ 55.65
03/01/2014	\$ 327.75	\$ 55.65
04/01/2014	\$ 333.34	\$ 56.60
05/01/2014	\$ 333.34	\$ 56.60
06/01/2014	\$ 333.34	\$ 56.60
07/01/2014	\$ 339.04	\$ 57.57
08/01/2014	\$ 339.04	\$ 57.57
09/01/2014	\$ 339.04	\$ 57.57
10/01/2014	\$ 344.81	\$ 58.55
11/01/2014	\$ 344.81	\$ 58.55
12/01/2014	\$ 344.81	\$ 58.55

TABLE 2

Area Factors

<i>Rating Area</i>	<i>Medical</i>	<i>Rx</i>
Boulder	1.5373	1.4460
Colorado Springs	1.3845	1.4613
Denver	1.3670	1.6447
Fort Collins	NA	NA
Grand Junction	NA	NA
Greeley	NA	NA
Northeast Non-MSA	NA	NA
Pueblo	NA	NA
Resort	NA	NA
Southeast Non-MSA	NA	NA
West Non-MSA	NA	NA

TABLE 3
Network Factors

	Boulder	Colorado Springs	Denver
Network Description	Network Factor	Network Factor	Network Factor
NPOS/HMO Premier	1.0000	1.0000	1.0000
HMOx	NA	0.8520	0.8390

TABLE 4
Age Factors

<i>Age</i>	<i>Factor</i>		<i>Age</i>	<i>Factor</i>
0-20	0.635		43	1.357
21	1.000		44	1.397
22	1.000		45	1.444
23	1.000		46	1.500
24	1.000		47	1.563
25	1.004		48	1.635
26	1.024		49	1.706
27	1.048		50	1.786
28	1.087		51	1.865
29	1.119		52	1.952
30	1.135		53	2.040
31	1.159		54	2.135
32	1.183		55	2.230
33	1.198		56	2.333
34	1.214		57	2.437
35	1.222		58	2.548
36	1.230		59	2.603
37	1.238		60	2.714
38	1.246		61	2.810
39	1.262		62	2.873
40	1.278		63	2.952
41	1.302		64+	3.000
42	1.325			

TABLE 5
Medical Plan Factor

<i>Product Type</i>	<i>Coins</i>	<i>PCP Copay</i>	<i>PCP Ded</i>	<i>PCP OOP</i>	<i>Factor</i>
Trad Copay NPOS	100/70	25	500	4000	0.8058
Trad Copay NPOS	100/70	25	1000	4000	0.7431
Trad Copay NPOS	100/70	30	1500	6400	0.6663
Trad Copay NPOS	100/70	30	2000	6400	0.6271
Trad Copay NPOS	100/70	35	2000	5000	0.6366
Trad Copay NPOS	90/60	30	1500	6400	0.6111
Trad Copay NPOS	90/60	30	2000	6400	0.5866
Trad Copay NPOS	80/50	25	500	4000	0.6350
Trad Copay NPOS	80/50	25	1000	4000	0.5905
Trad Copay NPOS	80/50	40	1500	5000	0.5296
Trad Copay NPOS	80/50	30	2000	6400	0.4941
Trad Copay NPOS	80/50	30	2000	6400	0.4941
Trad Copay NPOS	80/50	45	2000	5000	0.5036
Trad Copay NPOS	70/50	20	1000	4000	0.5602
Trad Copay NPOS	70/50	35	2000	6400	0.4689
Trad Copay NPOS	70/50	40	2000	6400	0.4624
Trad Copay NPOS	60/50	30	2000	6400	0.4458
Trad Copay NPOS	60/50	35	2000	6400	0.4430
Trad Copay NPOS	60/50	40	2000	6400	0.4377
Trad Copay NPOS	50/50	25	2000	6400	0.4036
Trad Copay NPOS	50/50	30	2000	6400	0.3903
Trad Copay NPOS	50/50	35	2000	6400	0.3973
Trad Copay NPOS	50/50	40	2000	6400	0.3916
EHDHP NPOS	100/70	0	2000	2000	0.8766
EHDHP NPOS	90/60	0	5000	6400	0.5714
EHDHP NPOS	80/50	0	2000	6400	0.6548
EHDHP NPOS	80/50	0	4000	6400	0.5232
EHDHP NPOS	80/50	0	5000	6400	0.4870
EHDHP NPOS	70/50	0	1500	6400	0.6335
EHDHP NPOS	70/50	0	3500	6400	0.5175
HDHP NPOS	100/70	0	1750	1750	0.8937
HDHP NPOS	100/70	0	5500	5000	0.5615
HDHP NPOS	80/50	0	1500	6400	0.6888
HDHP NPOS	80/50	0	4000	6400	0.5081
EHDHP Walmart/CVS NPOS	100/70	0	2000	2000	0.8678
EHDHP Walmart/CVS NPOS	90/60	0	5000	6400	0.5656
EHDHP Walmart/CVS NPOS	80/50	0	2000	6400	0.6483
EHDHP Walmart/CVS NPOS	80/50	0	4000	6400	0.5180

<i>Product Type</i>	<i>Coins</i>	<i>PCP Copay</i>	<i>PCP Ded</i>	<i>PCP OOP</i>	<i>Factor</i>
EHDHP Walmart/CVS NPOS	80/50	0	5000	6400	0.4821
EHDHP Walmart/CVS NPOS	70/50	0	1500	6400	0.6271
EHDHP Walmart/CVS NPOS	70/50	0	3500	6400	0.5123
HDHP Walmart/CVS NPOS	100/70	0	1750	1750	0.8847
HDHP Walmart/CVS NPOS	100/70	0	5500	5000	0.5559
HDHP Walmart/CVS NPOS	80/50	0	1500	6400	0.6819
HDHP Walmart/CVS NPOS	80/50	0	4000	6400	0.5031
Simplicity NPOS	100/70	30	0	6400	0.6533
Simplicity NPOS	100/70	45	0	6400	0.4725
Simplicity NPOS	100/70	50	0	6400	0.3975
Coins NPOS	80/50	0	2000	5000	0.5046
Coins NPOS	70/50	0	1500	5000	0.5001
Coins NPOS	70/50	0	5000	6400	0.3634
Trad Copay HMO OA	100/0	25	500	4000	0.7762
Trad Copay HMO OA	100/0	25	1000	4000	0.7187
Trad Copay HMO OA	100/0	30	1500	6400	0.6464
Trad Copay HMO OA	100/0	30	2000	6400	0.6088
Trad Copay HMO OA	100/0	35	2000	5000	0.6173
Trad Copay HMO OA	90/0	30	1500	6400	0.5918
Trad Copay HMO OA	90/0	30	2000	6400	0.5687
Trad Copay HMO OA	80/0	25	500	4000	0.6093
Trad Copay HMO OA	80/0	25	1000	4000	0.5684
Trad Copay HMO OA	80/0	40	1500	5000	0.5111
Trad Copay HMO OA	80/0	30	2000	6400	0.4784
Trad Copay HMO OA	80/0	30	2000	6400	0.4784
Trad Copay HMO OA	80/0	45	2000	5000	0.4859
Trad Copay HMO OA	70/0	20	1000	4000	0.5378
Trad Copay HMO OA	70/0	35	2000	6400	0.4527
Trad Copay HMO OA	70/0	40	2000	6400	0.4458
Trad Copay HMO OA	60/0	30	2000	6400	0.4298
Trad Copay HMO OA	60/0	35	2000	6400	0.4269
Trad Copay HMO OA	60/0	40	2000	6400	0.4216
Trad Copay HMO OA	50/0	25	2000	6400	0.3885
Trad Copay HMO OA	50/0	30	2000	6400	0.3748
Trad Copay HMO OA	50/0	35	2000	6400	0.3819
Trad Copay HMO OA	50/0	40	2000	6400	0.3762
EHDHP HMO OA	100/0	0	2000	2000	0.8656

<u>Product Type</u>	<u>Coins</u>	<u>PCP Copay</u>	<u>PCP Ded</u>	<u>PCP OOP</u>	<u>Factor</u>
EHDHP HMO OA	90/0	0	5000	6350	0.5590
EHDHP HMO OA	80/0	0	2000	6350	0.6413
EHDHP HMO OA	80/0	0	4000	6350	0.5087
EHDHP HMO OA	80/0	0	5000	6350	0.4719
EHDHP HMO OA	70/0	0	1500	6350	0.6178
EHDHP HMO OA	70/0	0	3500	6350	0.5029
HDHP HMO OA	100/0	0	1750	1750	0.8830
HDHP HMO OA	100/0	0	5500	5000	0.5536
HDHP HMO OA	80/0	0	1500	6350	0.6752
HDHP HMO OA	80/0	0	4000	6350	0.4945
EHDHP Walmart/CVS HMO OA	100/0	0	2000	2000	0.8569
EHDHP Walmart/CVS HMO OA	90/0	0	5000	6350	0.5534
EHDHP Walmart/CVS HMO OA	80/0	0	2000	6350	0.6349
EHDHP Walmart/CVS HMO OA	80/0	0	4000	6350	0.5036
EHDHP Walmart/CVS HMO OA	80/0	0	5000	6350	0.4672
EHDHP Walmart/CVS HMO OA	70/0	0	1500	6350	0.6117
EHDHP Walmart/CVS HMO OA	70/0	0	3500	6350	0.4979
HDHP Walmart/CVS HMO OA	100/0	0	1750	1750	0.8741
HDHP Walmart/CVS HMO OA	100/0	0	5500	5000	0.5480
HDHP Walmart/CVS HMO OA	80/0	0	1500	6350	0.6684
HDHP Walmart/CVS HMO OA	80/0	0	4000	6350	0.4895
Simplicity HMO OA	100/0	30	0	6350	0.6403
Simplicity HMO OA	100/0	45	0	6350	0.4512
Simplicity HMO OA	100/0	50	0	6350	0.3729
Coins HMO OA	80/0	0	2000	5000	0.4891
Coins HMO OA	70/0	0	1500	5000	0.4833
Coins HMO OA	70/0	0	5000	6350	0.3492

TABLE 6
Optional Riders

Carry Over Credit	1.0340
Women's Preventive Religious Contraceptive Opt-Out Non-HDHP	0.9897
Women's Preventive Religious Contraceptive Opt-Out HDHP	0.9900

TABLE 7
Rx Plan Benefit Factors

<i><u>Rx Plan</u></i>	<i><u>Rx Plan Benefit Factor</u></i>	<i><u>Walmart/CVS Rx Plan Benefit Factor</u></i>
Rx4 10/35/55/25% Simplicity	0.8530	0.7677
Rx4 10/45/90/25% Simplicity	0.7256	0.6530
Rx4 10/40/70/25% Simplicity	0.7908	0.7117
Rx4 10/30/50/25%	0.8906	0.8015
Rx4 10/30/50/25% 100 ded	0.8032	0.7229
Rx4 10/35/50/25% 100 ded	0.7805	0.7024
Rx4 10/35/55/25%	0.8507	0.7656
Rx4 10/35/55/25% 250 ded	0.6783	0.6105
Rx4 10/35/70/25% 250 ded	0.6458	0.5813
Rx4 10/35/75/25%	0.8029	0.7226
Rx4 10/40/70/25% with 3500 OOP	0.8136	0.7322
Rx4 10/40/70/25% 250 ded	0.6270	0.5643
Rx4 10/45/70/25%	0.7713	0.6942
Rx4 10/45/75/25%	0.7571	0.6813
Rx4 10/45/75/25% 100 ded	0.6805	0.6124
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848
Rx4 10/45/90/25%	0.7236	0.6513
Rx4 10/45/90/25% 100 ded	0.6498	0.5848

State Of Colorado
Health Rate Filing Form
Form HR-1

Reset Form

Must Be Completed For All Products		SERFF FILING # HUMA-128990602																
1. Company: Humana Health Plan																		
2. Person Responsible For Filing: Paul Roe	3. Title: Actuary																	
4. Address Of Responsible Person: 1100 Employers Bo	5. Telephone #: (800) 544-7001 ext. 8007																	
6. Email Address: proe@humana.com																		
7. Type Of Coverage: HMO Other :																		
8. Medicare Supplement: N/A Not Applicable <input checked="" type="checkbox"/>																		
(1) Prestandardized Plan(s):																		
(2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L																		
(3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N																		
9. Sub Category: Small Group (1-50)																		
10. A. Group Information: Employer N/A N/A N/A																		
B. Name of association or trust (<i>if applicable</i>):																		
C. Description of discretionary group(<i>if applicable</i>):																		
11. Colorado State Code(s): 701 Small Group Select One																		
N/A	N/A	N/A																
12. Brief Filing Description (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.): Major Medical																		
13. Reason For Filing: Increase In Benefits? Reduction In Benefits? Increase in Profits? Change Needed To Meet Projected Losses? Trend Only? Change In Rating Methodology? New Product (Initial Offering As Opposed To Rate Revision)? Other? (If other, please explain)	<table style="width: 100%;"><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr><tr><td><input checked="" type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr><tr><td><input checked="" type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td><td><input checked="" type="checkbox"/> No</td></tr></table>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																	
14. Policy Form(s) Affected: CHMO 2004, CC2003, CHMOM																		

15. If Rider Or Endorsement, Type Of Benefits? NA		
16. Closed Block(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Block Closed:		
17. Number Of Colorado Covered Lives (Including Employees And Dependents): 11319		
18. A. Rating Period: Select One From To		<input checked="" type="checkbox"/> N/A (New Product)
B. Experience Period: From To		
C. Reason for Rate Change:		
D. Average Change In Rates From One Year Prior To Effective Date: 0.00%		
19. A. Rate Change Without Trend: 0.00%		
B. Trend for Rating Period (if trend factor is used in rates): 7.00%		
C. Overall Rate Impact Change: 0.00%		
20. A. Current Underlying Annualized Trend Assumption (If Applicable): 7.00%		
B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable): 7.00%		
21. A. What Is The Maximum Rate Change That Can Affect A Policyholder? 0.00%		
B. What Is The Minimum Rate Change That Can Affect A Policyholder? 0.00%		
(If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios (On Colorado only basis)		
22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 80.00%		
B. Actual Benefits Ratio over Experience Period: 0.00%		<input checked="" type="checkbox"/> N/A (New Product)
23. A. Projected Benefits Ratio With Rate Change over Rating Period 0.00%	<input type="checkbox"/> Colorado <input type="checkbox"/> Colorado/Nationwide <input type="checkbox"/> Nationwide Basis	<input checked="" type="checkbox"/> N/A (New Product)
B. Projected Benefits Ratio Without Rate Change over Rating Period 0.00%		
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. Proposed Effective Date: January 1, 2014		
25. A. Total Annual Colorado Written Premium Before Change(s): \$		<input checked="" type="checkbox"/> N/A (New Product)
B. Total Annual Colorado Written Premium After Change(s): \$		
C. Written Premium Change For This Product (Net Change): \$		
26. A. Effective Date of Previous Rate Filing for this Form (including initial filing):		<input checked="" type="checkbox"/> N/A (New Product)
B. Previous SERFF Filing Number(s):		
C. Overall Percentage of Last Rate Change for Affected Policy Forms: 0.00%		
27. Experience Provided: <input type="checkbox"/> Nationwide <input type="checkbox"/> Colorado 0-2 Years (New plan only) <input type="checkbox"/> other (specify)		<input checked="" type="checkbox"/> N/A (New Product)
28. Small Group Filings Only: Unique Single Index Rate (Effective For All Small Group Plans):		327.75

General Information

This filing is for the 1-50 small group market, with an effective date of 01/01/2014.

Company Identifying Information:

Company Legal Name: **Humana Health Plan**
 State: **CO**
 HIOS Issuer ID: **74320**
 Market: **Small Group**
 Effective Date: **01/01/2014**

Company Contact Information:

Primary Contact Name: **Jason Hill**
 Primary Contact Telephone Number: **920-337-5488**
 Primary Contact Email Address: **jhill11@humana.com**

Purpose:

The purpose of this actuarial memorandum is to provide supporting justification to the Unified Rate Review template with the goal of demonstrating compliance with the market rating rules, as well as reasonableness of any proposed rates.

In addition, this actuarial memorandum provides required actuarial certifications related to:

- the methodology used to calculate the AV Metal Value for each plan
- the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based
- the index rate is developed in accordance with federal regulations and the index rate along with allowable modifiers are used in the development of plan specific premium

This filing should be used for no other purposes.

This memorandum was prepared by a qualified actuary, and is intended to be reviewed by a qualified actuary.

Proposed Rate Increase(s)Reason for Rate Increase(s):

For 1/1/2014, the company is issuing all new products that comply with the requirements of the Affordable Care Act and is terminating all non-grandfathered products issued before 1/1/2014. In accordance with HHS regulations, the proposed rate increase for all new plans is zero percent.

Experienced Period Premium and Claims

Paid Through Date: The date through which payments have been made on Claims incurred during the experience period is:

03/31/2013

Premiums (net of MLR Rebate) in Experience Period:

Premiums net of MLR rebate:	\$	41,037,073
MLR Rebates:	\$	-
Estimated Rebates to be included:	\$	-

The basis for the Humana Small Business rebate forecast is forecasted membership, premium, claims, and expenses at the state and legal entity level. These forecasted metrics are run through a simulated rebate model, where the various components of rebate legislation are applied. The most impactful adjustments include the credibility adjustment (based on forecasted member months) and the adjustment to remove taxes and licensing fees from premium. These items are combined to estimate the Rebate Calculation Ratio (RCR), which is then compared against the 80% threshold for the Small Business segment to calculate final expected rebates.

Allowed and Incurred Claims Incurred During the Experience Period

	Allowed Claims	Incurred Claims
Claims that were processed through the issuer's claim system	\$ 41,068,876	\$ 31,752,859
Claims that were processed outside the issuer's claim system	\$ -	\$ -
Claims incurred but not paid as of paid through date	\$ 486,724	\$ 376,316

Allowed claims come directly from the an issuer's claims system after eligibility and network discounts are applied, allowed medical claims, allowed Rx claims, and member capitation payments are combined to populate the experience period data above. Member cost sharing is removed from the allowed claims to report the incurred claims entered above.

To estimate incurred claims, all commercial claims experience is segregated by legal entity, processing platform, product, geography and claim category so that appropriate balance of homogeneity and credible size is maintained. The segmentation logic is reviewed at least annually or when significant changes in the block occur (e.g. acquisitions). The paid-to-incurred claim triangles for each block are used to develop completion factors that are applied to each incurred month to estimate ultimate incurred amounts. Estimated ultimate incurred claims for the most recent twelve months are then adjusted for pending claims if there is a material variance from historical levels. Finally, the completion factors and estimated ultimate incurred claims are reviewed and may be changed to account for known anomalies in the data that may have distorted the calculation. The difference between the estimated ultimate incurred claims and the current paid-to-date amounts is the estimate of the incurred but not paid claims for each incurred month. In the calculation process, completion factors, per typical actuarial practice, are not permitted to be greater than 1.00. That is, no coverage month is permitted to have an incurred claim estimate less than the amount of claims paid to date even though historical experience may indicate that this is likely due to future claim recoveries.

For each month of incurred, the incurred but not reported amount equals the incurred claims estimate minus claims paid to date. Follow-up studies, including monthly historical reserve restatement analyses, are regularly performed to test the accuracy of the reserving methodology and suggest possible improvements.

Allowed but not reported estimates are developed utilizing the combination of the incurred but not reported estimate and the incurred to allowed ratio of historical claims.

Benefit Categories

The Benefit Categories are defined as follows:

Inpatient Hospital: Includes non-capitated services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital: Includes non-capitated services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility. The Outpatient Hospital benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Outpatient Surgery and Emergency Room, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Outpatient Therapy or MRI, services are used for the measurement units.

Professional: Includes non-capitated primary care, specialist, therapy, laboratory, radiology, and other professional services not billed by the facility. The Professional benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Primary Care or Specialist Office visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as Therapy or MRI, services are used for the measurement units.

Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services. The Other Medical benefit category uses a combination of both visits and services to determine the utilization per 1,000. For items such as Home Health visits, where multiple services are rendered and can be billed together, visits are used for the measurement units. For single items that can be billed separately, such as DME, services are used for the measurement units.

Capitation: Includes all services provided under one or more capitated arrangements.

Prescription Drug: Includes drugs dispensed by a pharmacy. This amount should be net of rebates received from drug manufacturers.

Projection Factors

0.0%	<p><u>Changes in the Morbidity of the Population Insured:</u></p> <p>This adjustment is intended to capture the change in underlying morbidity for the risk pool in 2014 compared to the current risk pool. In the small group market, the company is projecting little to no impact due to this projected factor in 2014. This industry morbidity assumption is based on a number of third-party industry wide studies and a nationwide internal analysis.</p>
1.8%	<p><u>Changes in Benefits:</u></p> <p>All new plans must cover the essential health benefits package in 2014. The specifics of the essential health benefits are contained within the benchmark plan selected in each state. There are number benefits that are considered to require rate increases in the small group market: women's preventive health, behavioral services and other state-specific services outlined in the benchmark plan and currently not reflected in the experience period data. Seven months of the experience period does not include the expected cost from the Women's Preventive Legislation and has been allocated as a percent of premium. The rate increase associated with this benefit change is .7%.</p> <p>Federal Mental Health Parity requirements is currently not in the experience period, the rate increase associated with this benefit change is .3%.</p> <p>For this state and legal entity, this list of other state specific services outlined in the benchmark plan include: Pediatric Dental and Vision, Cochlear implants, Prosthetics, and Tobacco Cessation. The rate increase associated with these benefits changes is .7712%.</p>
0.0%	<p><u>Changes in Demographics:</u></p> <p>The company is assuming the same average mix of population by age, gender, and region in the projected period as in the underlying base period experience.</p>
-5.9%	<p><u>Other adjustments:</u></p> <p>This adjustment is intended to capture the change in the company's existing risk as it converges to the market average risk due to lack of underwriting. This percentage was estimated based on a study performed by Wakely Consulting which developed the risk of each carrier's book of business relative to the small group market in the state.</p>
13.0%	<p><u>Trend Factors (cost/utilization):</u></p> <p>The cost trend captures pure unit cost changes from midpoint 2012 to midpoint 2014, calculated using the same basket of services each period, due to price/contract negotiations and provider distribution changes.</p> <p>Inpatient Hospital, Outpatient Hospital, Professional, Capitation and Other Medical cost trends are developed based on historical area specific cost trends from Humana's Small Commercial block of business data. Future cost trends are developed based on expected changes in Humana's Commercial contracts. Pharmacy cost trends are developed based on historical brand, generic, and specialty drug trends from Humana's Commercial data. Future cost trends are developed based on expected changes in these pharmacy contracts. These contractual impacts will be applicable to all members regardless of risk class.</p> <p>Utilization trend: Using Humana's Trend Quantification and Projection model, a baseline utilization trend is developed using Humana's Small Commercial block of business historical medical claims data from 2008 - 2012. The historical baseline utilization trend is developed by removing all known impacts to utilization net trend such as demographics, geography, duration, customer changes, benefit changes, new health technologies, utilization management initiatives, and changes in pertinent days. An economic regression model, based on consumer sentiment, personal disposable income, hospital construction, and high-tech medical equipment spend, is then fit to this historical baseline utilization data to project the future block of business baseline utilization trend for 2013 and 2014.</p> <p>A midpoint to midpoint methodology is applied to determine the applicable baseline utilization trend, which incorporates 2012q3 and 2012q4 actual results at the state and legal entity level with the block of business baseline utilization trend for 2013 and 2014. This results in baseline utilization trends that vary at the state and legal entity level.</p> <p>Other components are added to the baseline utilization trend to develop the total utilization trend provided. These include the following:</p> <ul style="list-style-type: none"> • Pertinent days – Captures changes in the calendar, recognizing that health care utilization varies by day of the week and reporting periods contain varying weekday mix and count. This impact is developed through the use of an external consultant's model which is uploaded with Humana's Commercial claims data. • New Health Technologies – Captures the impact of new health technologies and procedures. An external consulting firm researches new technologies and develops per member per month impacts. These impacts are customized to Humana's Commercial business based on membership and coverage policy. • Management Initiatives – Captures savings for Humana initiatives designed to bend trend by managing utilization, such as case management, disease management, and nurse programs. These initiatives are evaluated by an internal actuarial organization tasked with evaluating the effectiveness of the initiatives. Evaluations are done through a collaborative effort involving clinical and other operational areas. Projected savings are calculated by determining prospective changes to impacted metric values, which are determined by analyzing historical metric values as well as through discussions with clinical and operational areas. Savings are reviewed with leadership to ensure appropriateness of assumptions. <p>This describes the development of the core utilization trend. All impacts from healthcare reform have been removed and are included in the "Population Risk/Morbidity" and "Other" adjustments from Worksheet 1 to prevent double counting of any impacts.</p>

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used:

For markets that are fully credible, the source data used to develop the manual rate is the 12-month experience period for the market for which rates are being submitted. For markets that are not fully credible and the issuer has another legal entity within the state that is fully credible, the source data used to develop the manual rates is a blend of 12-month experience period of another fully credible legal entity from the same state and the 12-month experience period for which rates are being submitted. For markets that are not fully credible and the issuer does not have another legal entity from the same state that is fully credible, the source data used to develop the manual rates is a blend of the 12-month experience period from similar products nationwide and the 12-month experience period for which rates are being submitted.

Since this market is considered fully credible, the source data used to develop the manual rates for this submission is the 12-month experience period.

Adjustments Made to the Data:

No adjustments made to the data, this source data is fully credible.

Inclusion of Capitation Payments:

No adjusted there made to the data, capitation payments are already included within the source data.

Credibility of Experience

Description of the Credibility Methodology Used:

A value of 24,000 member-months of experience is assumed to be fully credible, this value was derived based on analyzing historical experience. Our credibility weight methodology utilizes the following equation: $\sqrt{\text{member months in experience period}/24000}$.

Resulting Credibility Level Assigned to Base Period Experience when applying the proposed credibility methodology:

1.00

Paid to Allowed Ratio

The anticipated paid to allowed average factor over the projection period was developed by separately considering the anticipated paid to allowed factors by each plan tier.

Once calculated, projected member month weights for each plan tier (consistent with those provided in Worksheet 2) were applied to these paid to allowed factors to produce an overall anticipated paid to allowed average factor of 75.1%.

The plan tier paid to allowed factors were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. These values were developed in accordance with generally accepted actuarial principles and methodologies.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM:

The adjustment factor to account for Humana's expected transfer amount due to the risk adjustment process was derived from our participation in a study by Wakely Consulting, an actuarial consulting firm. Wakely generated an analysis of carrier risk scores in several states based on the carrier's small group experience. Wakely generated the analysis in states where at least 80% of the insured membership in a state's small group market was included through carrier participation in the study. For the carriers that participated in the study, Wakely received a summary of their membership and de-identified claim experience so that Wakely could generate HCC risk scores for all of the carriers small group membership based on the risk adjuster scoring methodology outlined by HHS. Each carrier was supplied a summary exhibit that showed the average risk score, expected risk score, average actuarial value, average rate factor, and induced demand factor for their small group block of business. Wakely generated the expected transfer amount for each carrier based on this study. Humana then applied an expected transfer amount based on the difference in our average premium per member to the state average small group premium per member taken from the 2011 MLR rate filing experience supplied by CCIIO. The combination of the transfer amount and the difference between our average premium and the state average premium would produce the needed adjustment to our index rate for the expected risk adjuster transfer amount.

The projected risk adjustment is \$ 15.64 PMPM for this state and legal entity.

Reinsurance: Projected ACA reinsurance recoveries as a percent of premium have been accounted for in the Taxes and Fees percentage detailed

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only):

This does not apply to the small group market.

Non-Benefit Expenses and Profit & Risk

Expenses are based on our internal forecast for 2014. Expenses are estimated based off of current costs, projected volume changes and estimated changes in department workload. These expenses are simply loaded as a flat percentage of premium at this point in time and do not vary by product or plan.

13.4% Administrative Expense Load

- Broker & Sales Commissions: Compensation expenses associated with business issued through an agent or agency
- Quality Expenses: Expenses associated with quality that are allowed adjustments under the Medical Loss Ratio standards
- Clinical & Network Operations: non-quality clinical costs, provider contracting, and network maintenance & development
- IT Expenses: costs associated with maintenance and development of systems
- Customer Service & Account Installation: call center, customer service, and account management
- Corporate Administration: shared functions that are not exclusive to small group medical segment, including corporate finance, legal, human resources, etc.
- Small Group Administration: functional areas & personnel that solely work on small group medical segment

- Direct Response, Marketing, & Agency Management: direct to consumer marketing expenses, other marketing expenses and agency management expenses

2.2% Profit (or Contribution to Surplus) & Risk Margin

- Profit margin is shown on a pre- tax basis and does not include investment income. The margin shown does not vary by product or plan.

3.3% Taxes and Fees

- 0.4% •State Premium Tax: state premium tax; charged on a percentage of premium

- 1.30% •Federal Insurer Annual Fee: assessment created in 2014 by PPACA. Estimated at 1.3% of premium. Not income tax deductible.

- 1.50% •Federal Reinsurance Assessment Fee: assessment created in 2014 by PPACA. Estimated at 1.5% of premium.

- 0.02% •Risk Adjuster Fee: charged on a percentage of premium basis to fund the risk adjuster process

- 0.05% •Comparative Effectiveness Fee: charged on a percentage of premium to fund comparative research conduct research evaluating and comparing health outcomes and the clinical effectiveness, risks and benefits of medical treatments.

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology is :

Demonstration:

$(2014 \text{ Claims}/2014 \text{ Premium}) + (\text{Quality Expenses as a \% of Premium}) / (1 - \text{Taxes and Fees as a \% of Premium})$

$((47,614,441 / 59,521,409) + 1.6\%) / (1 - 3.3\%) =$

84.4%

For this state and legal entity name, the projected loss ratio reported above was estimated using the 2-50 group segment experience, this does not align with the state's small business definition for calculating MLR rebates.

If the projected loss ratio is less than 80%, then the company comply with the Federal MLR requirements outlined in PHSA 2718

Index Rate

The Experience Period is for coverage months between January 2012 and December 2012, over which time the covered benefits offered by the company were leaner than The Essential Health benefits required by the Affordable Care Act. Therefore, the index rate for the Experience Period is set equal to the total Allowed Claims PMPM in the Experience Period, with EHB pricing assumptions used to approximate the portion of the rate which covers EHB requirements in the projected period.

There are no state mandated covered benefits that are included in allowed claims but excluded from the index rate.

The following market-wide adjustments are applied to the projected index rate as the first step in determining plan level "index" rates:

- 1) Adjustments for the net impacts of both risk adjustment and reinsurance. See "Risk Adjustment and Reinsurance" earlier section for more details of this market-wide adjustment.
- 2) Expense estimates were based on our internal forecast for 2014. They were estimated based on current costs, modified to accommodate projected volume changes and changes in department workload. These are presented as a flat percentage of premium at this point in time and do not vary by product or plan, and thus are essentially another market-wide adjustment applied to the projected index rate.
- 3) An adjustment for the addition of non-EHB benefits (additional benefits we provide at our own discretion, as well as any state mandated benefits not reflected in the benchmark plan). It is assumed that the addition of such benefits increases costs to all plans uniformly, hence it is essentially handled as a market-wide adjustment.

Then the following plan-specific adjustments are applied to determine plan level "index" rates:

- 4) Each of the plan tier pricing actuarial values (AVs) were developed based on an internal pricing model with underlying utilization and costs reflective of a standard population equal to that of the anticipated membership in the overall 2014 risk pool. The data used to produce the small group pricing AVs was based on a standard population of commercially insured membership purchased from a third party vendor. Then, the 2014 plan design parameters were applied to those allowed claims to produce paid claims and pricing AV's. The company did not use the experience of the terminating products when determining the pricing adjustment due to the low membership on any particular plan which makes the experience not credible. These values were developed in accordance with generally accepted actuarial principles and methodologies.
- 5) The development of the index rate includes the anticipated average unit costs derived from the provider networks that will be available on this legal entity in this state. These average unit costs are the result of charge levels, network discounts, delivery system characteristics and utilization management practices across the entire state, for this legal entity.
- 6) The impact of Non-EHBs on the index rate is 0%.

AV Metal Values

The AV Metal Values entered in Worksheet 2 of the Part I Unified Rate Review Template were entirely based on the AV calculator unless listed below. For those plans listed below, an alternative methodology was used to generate AV Metal Values and a copy of the actuarial certification required by 45 CFR Part 156, §156.135 has been provided for each occurrence along with this memorandum. For each actuarial certification, the chosen alternate methodology and the reason the benefits for a particular plan are not compatible with the AV Calculator are detailed. Each certification has been signed by a member of the American Academy of Actuaries, and the generated AV Metal values were developed in accordance with generally accepted actuarial principles and methodologies.

Below is the list of plans where an alternative methodology was used to generate AV Metal Values:

All plans were entirely based on the AV calculator.

AV Pricing Values

The fixed reference plan selected as the basis for the AV Pricing Values is:

Membership Projections

The company is terminating all non-grandfathered plans issued before 1/1/2014 and is projecting that groups will renew on similar plans throughout 2014. The membership projections found in Worksheet 2 of the Part I Unified Rate Review Template are based mapping membership from non-ACA compliant plans to 2014 ACA compliant plans. The overall membership volume is adjusted for anticipated market growth, in-force persistency, and relative competitiveness via our internal market level projection models.

Terminated Products

The product names being terminated prior to the effective date have been listed below. The list encompasses both products that have experience included in the single risk pool during the experience period and any products that were not in effect during the experience but were made available thereafter.

List of Terminated Products:

74320CO001
74320CO002
74320CO004
74320CO005
74320CO006
74320CO007
74320CO008
74320CO011
74320CO012
74320CO015
74320CO023
74320CO024
74320CO025
74320CO027
74320CO031
74320CO032
74320CO033
74320CO037
74320CO038

Plan Type

The plan types selected in the drop-down boxes in Worksheet 2, Section I of the Part I Unified Rate Review Template for each of the company's plans do not require further explanation. The company's plan types align with the definitions found on the Healthcare.gov website.

Warning Alerts

Benefit Category	Utilization	Utilization	Average	PMPM	Pop'l risk				Utilization	Average	PMPM
	Description	per 1,000	Cost/Service		Morbidity	Other	Cost	Util	per 1,000	Cost/Service	
A. Inpatient Hospital		197.51	\$5,063.70	\$83.34	1.000	1.019	1.046	1.000	197.51	\$ 5,647.06	\$ 92.94
Outpatient Hospital		1,938.80	564.97	91.28	1.000	1.019	1.046	1.000	1,938.80	630.06	101.80
			Total PMPM	174.62						Total PMPM	194.74

Benefit Category	Utilization	Utilization	Average	PMPM	Pop'l risk				Utilization	Average	PMPM
	Description	per 1,000	Cost/Service		Morbidity	Other	Cost	Util	per 1,000	Cost/Service	
B. Inpatient Hospital		197.51	\$5,063.70	\$83.34	1.000	1.019	1.052	0.948	177.50	\$ 5,710.50	\$ 84.47
Outpatient Hospital		1,938.80	564.97	91.28	1.000	1.019	1.052	1.035	2,076.89	637.14	110.27
			Total PMPM	174.62						Total PMPM	194.74

Due to an error in the Unified Rate Review Template, utilization cannot be less than a 1.0000. Figure A. shows our intentions and true PMPM by service category whereas Figure B. shows the modified exhibit which totals the same PMPM after adjustments to the cost and utilization components.

We need to describe any difference between the sum of the plan level projections in Worksheet 2 and the total projected amounts found in Worksheet 1

Reliance

I, Paul Roe, ASA, MAAA, relied on information and underlying assumptions provided by internally developed pricing and modeling as well as third party consultant data in the establishment of these rates.

Actuarial Certification

I, Paul Roe, ASA, MAAA, am a Managing Actuary employed by Humana Health Plan. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the Statement of Actuarial Opinion contained herein.

I hereby certify that to the best of my knowledge and judgment and based upon the information presented to me:

1. The projected index rate is: \$291.78

- a. in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).
- b. developed in compliance with the applicable Actuarial Standards of Practice.
- c. reasonable in relation to the benefits provided and the population anticipated to be covered
- d. neither excessive nor deficient.

2. That the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

3. That the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

4. That the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the certification. For plans where an alternate methodology was used to calculate the AV Metal Value, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 has been included. That certification was signed by a member of the American Academy of Actuaries, where he or she indicated that the values were developed in accordance with generally accepted actuarial principles and methodologies. That certification also includes a reason and a description of the alternate methodology that was used for each applicable plan.

This opinion is qualified, in that the Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



Actuary signature: _____

Date: May 15, 2013 _____

Paul Roe, ASA, MAAA
Managing Actuary

May 15, 2013



Colorado Division of Insurance
Denver, CO 80202

RE: Policy Series CHMO 2004, et al
CC2003, et al
CHMOM

To Whom It May Concern:

We respectfully submit for your review the enclosed rate filing with respect to the above referenced policy series. The effective date for the changes is January 1, 2014. The attached information is in the format advised by the Colorado Department's Actuarial staff, summarizing and explaining any, and all requested rate changes, and showing only the information needed to describe and explain all changes.

We trust the materials and format fulfill the guidelines you have provided. If you should have any questions, however, please do not hesitate to call me at 1 (800) 544-7001, extension 8007.

Thank you for your consideration and prompt review of the enclosed materials.

Sincerely,

HUMANA HEALTH PLAN

A handwritten signature in black ink that reads "Paul D. Roe". The signature is written in a cursive style with a large, stylized "P" and "R".

Paul Roe, A.S.A., M.A.A.A.
Actuary

**Actuarial Certification
For Colorado Small Group Medical Rate Filing
Effective January 2014**

I, Paul Roe, am a member in good standing of the Society of Actuaries and the American Academy of Actuaries, do certify that to the best of my knowledge and judgment, the entire rate filing is in compliance with Colorado regulation 4-2-11 and the rates are not excessive, inadequate or unfairly discriminatory.

A handwritten signature in blue ink that reads "Paul D. Roe". The signature is written in a cursive style with a large initial "P".

PAUL ROE ASA, MAAA
HUMANA HEALTH PLAN
05/15/2013
(Date)

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Colorado					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Humana Health Plan 1100 Employers Blvd Green Bay, WI 54344	WI		119	95885	39-1263473	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Paul Roe 1100 Employers Blvd Green Bay, WI 54344	800-544-7001 ext.8007	(920) 337-3453		proe@humana.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number						
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission		Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div>Group</div> <div> <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance	HOrg02G					
10.	Product Coding Matrix Filing Code	HOrg02G.000					
11.	Submitted Documents	<div> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div> Rates <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>					

12.	Filing Submission Date	05/15/2013
13	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description: Colorado Small Group Rate Filing	
	<p>Provide 2014 Index Rates</p> <p>Provide ACA Compliant 2014 Plans</p>	

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Colorado_____.</p> <p>Print Name <u>Paul Roe</u> Title <u>Actuary</u></p> <p>Signature_____ Date: <u>05/15/2013</u></p>	

VAUGHN INDEX
REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

1. Identification of Party Requesting Confidential or Privileged Status:

Name: Paul Roe, Actuary
Company: Humana Health Plan
Address: 1100 Employers Boulevard, Green Bay, WI 54344

Email Address: proe@humana.com
Telephone: 1-800-544-7001 x8007
Facsimile: 1-920-337-3453

2. Identification of information or documents for which confidential or privileged status is requested. All of the columns *must* be completed.

ID No.	Description of each different section or page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (cite legal authority)	Reason why it applies
01	January 1, 2014 Small Group Rate Filing Confidential Appendix Exhibit - Experience by MSA	05/15/2013	Paul Roe	Colorado Division of Insurance	A carrier's rating methods and practices are considered proprietary and trade secret information and are not subject to disclosure (10-16-105(6) and 10-16-105(6.6), CRS). Confidential financial data, commercial data, and trade secrets are not subject to public inspection (24-72-204(3)(a)(IV), CRS).	Exhibit contains confidential information about Humana's rating methods.

Page of 2

For Division use only:

Name of Division Employee:

Filing Date:

DOI Filing Number:

ID No.	Description of each different section or page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (cite legal authority)	Reason why it applies
02	January 1, 2014 Small Group Rate Filing Confidential Vaughn Index 02	05/15/2013	Paul Roe	Colorado Division of Insurance	A carrier's rating methods and practices are considered proprietary and trade secret information and are not subject to disclosure (10-16-105(6) and 10-16-105(6.6), CRS). Confidential financial data, commercial data, and trade secrets are not subject to public inspection (24-72-204(3)(a)(IV), CRS).	Exhibit contains confidential information about Humana's rating methods.

Page of 2

For Division use only:

Name of Division Employee:

Filing Date:

DOI Filing Number:

Company Rate Information

Item	Entry	Explanation
Company Rate Change	Increase	Decrease selected, based on "Overall % Indicated Change" entry below
Overall % Indicated Change	0.00%	
Overall % Rate Impact	0.00%	
Written Premium Change for this Program	\$ -	Entry represents the "Overall % Rate Impact" entry above times the "Written Premium for this Program" entry below. This is the impact to our 12 month historical premium based on the requested rating changes.
# of Policy Holders Affected for this Program	6,283	Entry is number of SG subscribers active with HMO/NPOS benefit plans on 03/31/2013.
Written Premium for this Program	\$ 40,613,735	Given entry is the earned premium for the 12 month period ending 03/31/2013
Maximum % Change (where required)	0.00%	
Minimum % Change (where required)	0.00%	

Product Types:

Product Types:
Number of Policy Holders:
Number of Covered Lives:

	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
	827			4,994		462		
	1,281			9,053		985		

Rate Review Detail

Item
HHS Issuer ID
Product Names
Trend Factors

Entry
95885
CO HMOx 14, CO HMO Premier 14
Annual trend of 7.0%, applied monthly

Trend is built using a Provider Pricing Index (Impact of Pricing Changes), Utilization, Baseline Mix of Services (Severity Adjustment), and Other (Management Initiatives) over the major service categories (Inpatient, Outpatient, Physician, Capitation, Pharmacy, and Other)

Other Affected Forms

CHMO 2004, CC2003, CO CHMOM

Change Period		Annual	Groups are given rates for a 12-month period
Member Months		121,277	Based on the most recent available, yet credible, 12 month experience period, Feb 12-Jan13 for SG HMO/NPOS business issued in CO.
Benefit Change		Neutral	

Min		0.0%	Put in entry matching "Minimum % Change" from Company Rate Information data collection section
Max		0.0%	Put in entry matching "Maximum % Change" from Company Rate Information data collection section
Weighted Avg		0.0%	Put in entry matching "Overall % Rate Impact" from Company Rate Information data collection section

Total Earned Premium		40,613,735	Based on the most recent available, yet credible (allowing 2 months of claims runoff), 12 month experience period, Feb12-Jan13 for SG HMO/NPOS business.
Total Incurred Claims		31,242,126	Incurred benefit costs on the most recent available, yet credible (allowing 2 months of claims runoff), 12 month experience period, Feb12-Jan13 for SG HMO/NPOS business.
Annual \$ [PMPM]:	Min	\$129.21	From a snapshot of January 2013 earned premium, the minimum value among all PMPM values at the group+product level.
	Max	\$1,265.94	From a snapshot of January 2013 earned premium, the maximum value among all PMPM values at the group+product level.
	Weighted Avg	\$334.88	Total earned premium divided by member months for the period Feb12-Jan13.